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COUNTY BOROUGH OF DERBY

ANNUAL REPORTS

OF THE

Medical Officer of Health

Chief School Medical Officer

FOR THE

Year, 1949

BY

V. N. LEYSHON, M.D. (LOND.)., D.P.H.



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STAFF.

MEDICAL.

- Medical Officer of Health and Chief School Medical Officer:— V. N. LEYSHON, M.D. (Lond.), D.P.H.
- Deputy Medical Officer of Health and Senior Child Welfare and School Medical Officer:—

ALEXANDER MORRISON, L.R.C.P. & S. (Ed.), L.R.F.P.S. (Glas.).

- Assistant Medical Officer of Health:—
 - J. E. MASTERSON, M.B., Ch.B., D.P.H.
- Assistant Medical Officer for Maternity and Child Welfare:—
 VACANT.
- Assistant School Medical Officers:—

MARY KENT, M.B., Ch.B. (Manchester).

- E. A. LAVELLE, M.B., Ch.B. (Vict., Manchester).
- P. WEYMAN, L.R.C.P. & S. (Ed.), L.R.F.P.S. (Glas.), D.P.H.
- C. L. NOBLE, M.R.C.S., L.R.C.P.
- Clinical Tuberculosis Officer:—
 - *HUGH GERARD GRACE, M.B., Ch.B.
- Consultant :---
 - *R. J. M. JAMIESON, M.B., B.Ch., M.R.C.O.G. Obstetrician and Gynæcologist.
- Psychiatrist:-
 - *T. A. RATCLIFFE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., D.C.H.

DENTAL.

- Senior Dental Officer:
 - ARTHUR STAFFORD, L.D.S., R.C.S. (Eng.).
- Assistant Dental Officers :-

FREDERICK GROSSMAN, L.D.S., Q.U. (Belfast).

MOIRA RIGBY, L.D.S., R.F.P.S. (Glas.).

ELIZABETH WOOD, L.D.S. (Glas.).

NON-MEDICAL.

Administrative Officer:—
W. T. PRITCHARD.

Clerks:—

HEALTH OFFICE 22, SCHOOL CLINIC 9, WELFARE CENTRES 3.

Almoner:—
RICHARD L. CARABINE, A.M.I.A.

Blind Welfare Visitors and Teachers:—
MISS L. ELLIS, A.C.T.B.
MISS A. M. ASHTON, A.C.T.B.

Supervisor of Day Nurseries:—
MISS M. R. MOSS, S.R.N., Nursery Diploma.

Day Nurseries:—

Matrons 3, Staff Nursery Nurses 8, Nursery Assistants 2,
Probationer Nurses 32, Wardens 2, Domestics 6.

Duly Authorised Officers:—
F. LANGHAM.
W. V. B. LUCAS.
F. F. WRIGHT.

Senior Health Visitor:—
MISS E. M. GARDINER, S.R.N., S.C.M.

Health Visitors, School Nurses and Tuberculosis Nurses: -24.

Supervisor of Home Helps:— Mrs. E. C. BAKER.

Home Helps: -5 Full-time, 51 Part-time.

Superintendent of Home Nursing:—
MISS D. M. CLEWES, S.R.N., S.C.M.

Home Nurses:—4 Full-time, 8 Part-time (Agency Service).

Mental Welfare Visitor:—

MISS M. G. ADAMS, Diploma in Social Science.

Non-Medical—continued.

Occupation Centre:—
Assistant Supervisors 3, Domestic 1, *Guides 3.

Non-Medical Supervisor of Midwives:—
MISS F. V. CURTIS, S.R.N., S.C.M.

Domiciliary Midwives:—13 (Municipal 8, Agency 5).

Psychologist:—

MISS E. S. BROUGHTON, M.A., Diploma in Psychology (Oxford).

Public Analyst:—

*R. W. SUTTON, B.Sc., F.R.I.C.

Remedial Teacher:-

*Miss N. GATELEY, National Froebel Cert.

Chief Sanitary Inspector:— S. PRIME, M.S.I.A.

Deputy Chief Sanitary Inspector:— P. H. SHARDLOW, R.S.I.

Sanitary Inspectors (All Branches): -9.

Sewage Works Analyst:—

*G. E. POOL, F.I.C., and ONE ASSISTANT.

Speech Therapist:-

MISS S. H. NORTH, L.C.S.T.

MEDICAL AND DENTAL ATTENDANTS 10, CLEANSING ATTENDANTS 4, DISINFECTOR ATTENDANT 1, GENERAL LABOURER 1.

*—Part-time.

As at 31st December, 1949.

Public Health Department, The Council House, Corporation Street, Derby.

TO THE CHAIRMAN AND MEMBERS OF THE

HEALTH AND EDUCATION COMMITTEES.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Reports for the year 1949.

The estimated population has increased by 920 to 142,720. The birth rate has dropped from 18.65 (1948) to 17.6 (1949). The death rate has risen slightly from 10.97 (1948) to 12.3 (1949), and so has the stillbirth rate 18.1 (1948) to 19.1 (1949). It will be noted in the report that no deaths occurred from puerperal sepsis. The infantile death rate rose from 32.5 (1948) to 35.8 (1949).

During 1949 the establishment of Sanitary Inspectors was brought up to full strength, and consequently it is gratifying to note how the Department was able to devote more time to the supervision and inspection of food preparing premises. In view of the fact that more and more people seem to have meals outside their homes it is essential that high standards of hygiene should be maintained in catering establishments. The most important factor in the prevention of food infection is the observance of the simple rule—"Wash your hands after using the toilet." However good the equipment in an establishment, the weak link is always the hygienic habits of the staff. If every member of the public realised that toilet paper is no barrier against gross contamination of the hands by microscopic organisms, then I am sure they would observe, and teach their children, that the notice "Wash your hands" is no idle advice.

The work of the various services of the Department is described in detail in the reports.

I should like to close this Report on a personal note and to thank you,, Mr. Chairman, and all the members of the Health Committee for the assistance, encouragement and support I have invariably received from yourself and them. I should also like to add my appreciation of the friendly advice and help always freely available from the officers of other departments of the Corporation; and finally I wish to thank the entire staff for their willing co-operation and service, which made the somewhat arduous work of the year both exhilarating and pleasant.

I am,
Mr, Chairman, Ladies and Gentlemen,
Your obedient servant,
V. N. LEYSHON.

I—GENERAL.

STATISTICAL SUMMARY.

Area of Borough 8,133 Ac.	
Elevation above sea level— Shighest, Burton Road 325 lowest, Alvaston Ward 126 Market Place 157	ft.
Population at Census, 1931 $\left\{\begin{array}{lll} \text{Males} & 68,893 \\ \text{Females} & 73,510 \end{array}\right\}$ 142,	403
Estimated Population for 1949 142,	720
Number of Houses (1931 Census)	875
,, Inhabited Houses at end of 1949 (according to Rate Books) 39,	792
No. of Uninhabited Houses at end of 1949 (according to Rate Books, incl. prop. scheduled for demolition)	54
Number of Families or separate Occupiers (Census 1931) 35,9	949
Number of persons per acre at Census, 1921 2	4.6
,, ,, ,, 1931 2	0.0
Number of persons per House at Census, 1921 4	·55
<i>"</i>	.97
Rateable Value of the Borough (General Rate) £1,026,	
Estimated amount realised by a Penny Rate £4,	000
1949. Rate per thouse population.	nd
Marriages 1,303 1	8.3
Total. Males. Females.	8.3
Total. Males. Females. Live Births, (Legitimate 2,361 1,199 1,162	8.3
Total. Males. Females. Live Births, (Legitimate 2,361 1,199 1,162 (Registered) (Illegitimate 151 82 69	8·3 ·60
Total. Males. Females. Live Births, (Legitimate 2,361 1,199 1,162 (Registered) (Illegitimate 151 82 69	
Total Males Females Live Births Legitimate 2,361 1,199 1,162 (Registered) Total 151 82 69 2,512 1,281 1,231 Birth rate 17 Still Births (Registered) 49 26 23 Rate per 1,000 total births 12 1 12 13 14 15 15 15 15 15 15 15	•60
Total. Males. Females. Live Births, (Legitimate (Registered) 1,199 1,162 151 82 69 1,281 1,231 Birth rate 17 Still Births (Registered) 49 26 23 Rate per 1,000 total births 18 Births (notified) 2,460 — — —	·60 9·1
Total. Males. Females. Live Births, {Legitimate (Registered) { Illegitimate (Total Total	•60
Total. Males. Females. Live Births, {Legitimate (Registered) { Illegitimate Total 2,361 1,199 1,162 151 82 69 2,512 1,281 1,231 Birth rate 17	·60 9·1
Total. Males. Females. Live Births, {Legitimate (Registered) { Illegitimate 151 82 69 } 1,162 (Registered) { Total 2,512 1,281 1,231 Birth rate 17 } 17	·60 9·1 ·30
Total. Males. Females. Live Births, {Legitimate (Registered) { Illegitimate (Total 2,361 1,199 1,162 151 82 69 2,512 1,281 1,231 Birth rate 17	·60 9·1 ·30
Total. Males. Females. Live Births, {Legitimate (Registered) { Illegitimate (Total 2,361 1,199 1,162 151 82 69 2,512 1,281 1,231 Birth rate 17	·60 9·1 ·30 ·67 3·9 756 otal
Total. Males. Females. Live Births, (Legitimate 2,361 1,199 1,162 (Registered) { Illegitimate 151 82 69	·60 9·1 ·30 ·67 3·9 756 otal
Total. Males. Females. Live Births, (Legitimate 2,361 1,199 1,162 (Registered)) { Illegitimate 151 82 69	·60 9·1 ·30 ·67 3·9 756 otal

Deaths of Infants under one ye	ear of age—				
Legitimate, 79.	Illegitimate, 11.	Tot	al, 90.		
Death Rate of infants under of	one year of age per	1,000 li	ve birth	18	
Legitimate, 33.5.	Illegitimate, 72.8.		Total,	, 35.8.	
Deaths from Measles (all ages	s)	•••	•••	•••	_
" Whooping Coug	h (all ages)	•••	•••	•••	3
,, Diarrhœa (unde	r 2 years of age)	•••	•••	•••	8
BIRTHS.					
Birth-rate, 1949		•••	•••	•••	17.60

The Births registered during the year numbered 2,512, as compared with 2,645 in 1948.

	Ra	te per 1,000
DEATHS.]	oopulation.
Zymotic Diseases	 11	0.08
Tuberculosis of Respiratory System	 71	0.50
Other Tuberculous Diseases	 11	0.08
Respiratory Diseases	 163	1.14

NATIONAL STATISTICS:-

	E. & W.	county boroughs (including London).	SMALLER TOWNS.	LONDON ADMINISTRATIVE COUNTY.	DERBY.
Birth Rate	16.7	18.7	18.0	18.5	17.60
Death Rate	11.7	12.5	11.6	12.2	12.30
Infantile Mortality (per 1,000 Births)	32	37	30	29	35.8

Causes of, and Ages at Death, during 1949.

- 0	au3C	o UI,	dire	I Ag	63 6	IL D	catn	, uu	ring	134					
				Dist	RICT			INED	AGE	s.			DE	TOTA:	IN
CAUSES OF DEATH.	Ages.	year	5 yrs.	10 yrs.	15 yrs.	20 yrs.	35 yrs.	45 yrs.	55 yrs.	65 yrs.	75 yrs.		Inst	PUBLI TUTI	ONS
	All Ag	Under 1	under	under	under	under	under	under 45	under	under 65	under 75	OVer.	Residents.	Non- Residents.	Non- Civilian 8.
		Un	1 &	5 &	10 &	15 &	20 &	35 &	45 &	55 &	65 &	75 &	25 E	Re N	Civ
Typhoid and Paratyphoid															
Fevers Cerebro-Spinal Fever	4	3	1			•••	•••	•••	•••	•••			4		•••
Scarlet Fever	^	"													•••
Whooping Cough	3	3											1	2	•••
Diphtheria		• • • •	•••	•••	••••	•••	•••	•••	•••	••••	•••	••••			•••
Tuberculosis of Respiratory System	71					1	19	17	15	14	5		34	7	
Other Forms of Tubercu-														- 1	•••
losis	11	1	1	1	1	1	2	1	1	1	1		8	8	
Syphilitic Diseases	8		• • • •	•••	•••	•••	•••	•••	1	2		1	2	1	•••
Influenza Measles							•••				5				•••
Acute Polio & Polio En-															•••
cephalitis	••••	1	•••			•••								2	
Acute Infectious Encephalitis										1	1			- 1	
alitis Cancer of Buccal Cavity	6		•••					•••		2	1	3	1		•••
Cancer of Uterus	14		•••						3	$\bar{3}$	7	ĭ	7	6	•••
Cancer of Stomach and										_				1	
Duodenum	$\frac{35}{28}$		•••	•••		•••	•••	3	4 6	7	11	10	12	7	•••
Cancer of Breast Cancer of All Other Sites	173		• • • •		- :::			4	20	4 51	10 51	$\begin{array}{c} 5 \\ 39 \end{array}$	7 82	5 64	•••
Diabetes	9	1 1					ĭ			2	3	3	4	6	•••
Intra-Cranial Vascular											1				
Lesions	179 533		•••	•••	•••		2	$\frac{1}{12}$	$\frac{7}{26}$	28 86	71	70	70	21	•••
Heart Disease Other Diseases of Circula-	. 555		•••		•••	•••	3	12	20	80	181	2 2 5	121	6 5	•••
tory System	82							2	5	17	31	27	35	15	•••
Bronchitis	81	5	1					1	5	18	17	34	24	8	•••
Pneumonia			3		•••	•••	7	1	3	7	17	19		28	•••
Other Respiratory Diseases Ulcer of Stomach and Duo-			1	1	•••	1	2	2	3	, 3	4	2	9	7	•••
denum	. 18						1		2	3	11	1	14	16	•••
Diarrhœa	. 8	8		•••	•••								8	8	
Appendicitis			•••	•••	1	•••	•••	2	2				5	8	•••
Other Digestive Diseases Nephritis	40 25			•••	•••		1	3	3 1	9	11 10	14 7	34 9	38 13	•••
Puerperal and Post Abor-	~					1	. 1		^	1	10		ĭ	19	•••
tive Sepsis				•••			•••								
Other Maternity Causes	1		•••			•••	•••	1	•••	•••	••••	•••	1	5	
Premature Birth Congenital Malformation,	. 22	22	•••	•••		•••	•••	•••	•••	•••		•••	21	31	•••
Birth Injury, etc	33	27	2			1		1	1	1			21	34	1
Suicide	. 15		•••		•••	•••	1	3	4	4	2	1	4	2	
Road Traffic Accidents	0.5		2	1	1		2	1	1	,	3	1	11	20	1
Other Violent Causes All Other Causes	0.75			2	2	2	1 7		5 13	11	2 4.5	10 12:	19 161		•••
		1											101		
Totals	. 1756	90	14	6	5	8	55	71	131	278	498	599	772	531	2

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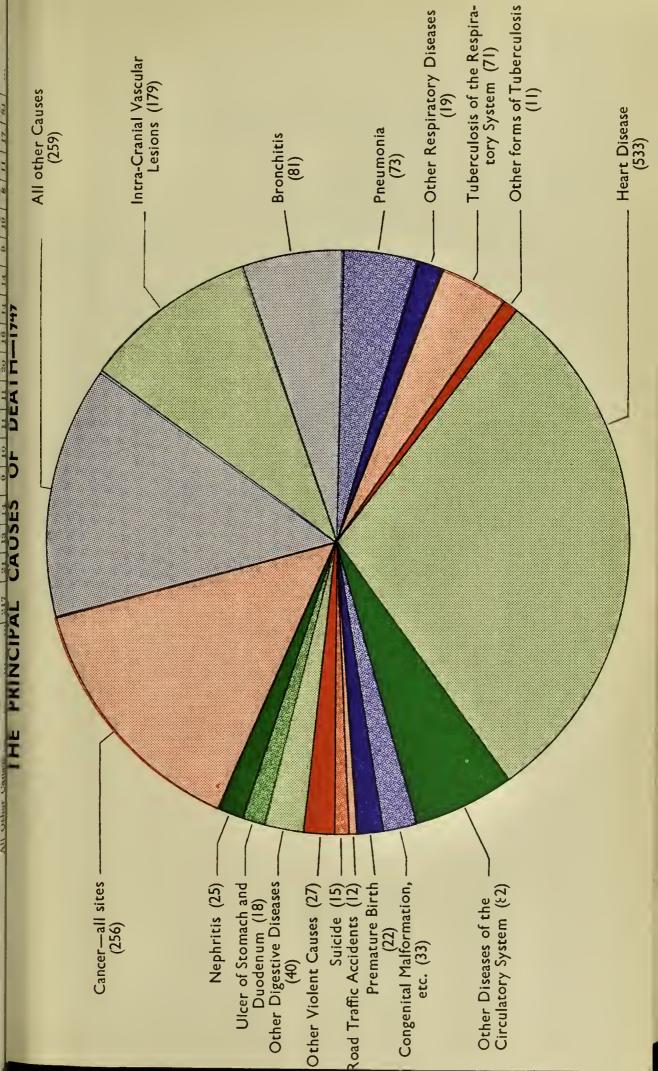
Non-Civilians.

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Burials.—The total burials in the Derby Cemeteries for the year 1949 were 1,728, 1,634 ordinary burials and 94 still-born.

Inquests held during 1949.—These numbered 123—78 males and 45 females.

Mortuary.—Dead bodies received during the year, 156. Post mortem examinations, 300.





Causes of Death during 10 Years, 1940—1949.

CAUSE OF DEATH.				Y	EAR	S.	1	i		
CAUSE OF DEATH.	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Typhoid and Paratyphoid Fevers				1					1	
Cerebro-Spinal Fever	19	8	4	3	i	3	••• •••	1	i	4
Scarlet Fever					i				·.,	
Whooping Cough	1	12	1	7	5	1	4	1	3	3
Diphtheria	15	10	i	9	4			i i		
Tuberculosis of Respiratory System	78	86	78	83	65	70	55	55	58	71
Other Forms of Tuberculosis	17	13	12	15	14	8	8	12	13	11
Syphilitic Diseases	9	16	13	7	10	10	8	12	11	4
Influenza	33	16	9	48	10	18	13	10		8
Measles	4	3	4	2	i	2		2	•••	
†Acute Polio and Polio Encephalitis	ī		1			-		1	1	
Acute Infectious Encephalitis	4	5	5		1	1	2	1	3	,
Cancer	224	197	192	245	221	241	231	250	228	256
Diabetes	25	10	20	20	17	12	10	14	13	9
Intra-Cranial Vascular Lesions	149	140	148	169	170	152	144	152	168	179.
	616	427	425	433	406	458	422	504	442	533
Other Diseases of Circulatory System	55	50	49	38	62	57	68	71	68	82
Bronchitis	114	123	83	100	89	67	90	106	70	81
Pneumonia	86	67	56	83	7 0	83	73	84	55	7 3
Other Respiratory Diseases	19	15	9	19	19	26	20	22	23	19
Ulcer of Stomach and Duodenum	23	23	16	23	18	21	24	16	25	18
Diarrhœa (under 2 years of age)	10	18	14	12	20	20	9	42	16	8
Appendicitis	5	9	7	11	4	8	6	6	7	5
Other Digestive Diseases	46	41	40	52	28	35	29	43	39	40
Nephritis	42	53	31	43	45	29	27	32	37	25
Puerperal and Post-Abortive Sepsis	3	1	2	1	1	1			•••	
Other Maternity Causes	2	6	7	7	5	4	3	5	3	1
*Premature Birth	32	26	27	41	41	33	35	40	26	22
*Congenital Malformation, Birth In-										
jury, etc	26	31	41	34	39	. 31	33	37	23	33
Suicide	12	18	10	7	9	7	14	11	15	15
‡Road Traffic Accidents	11	19	12	18	10	18	15	11	4	12
Other Violent Causes	64	53	60	29	33	44	24	26	33	27
All Other Causes	204	148	163	169	137	147	114	148	170	217
ALL CAUSES—TOTALS	1949	1642	1540	1729	1556	1607	1481	1716	1556	1756

[†] Included with "All Other Causes" prior to 1940. * Combined prior to 1940. ‡ Included with "Other Violent Causes" prior to 1940.

Derby Rainfall, 1949.

We are indebted to Messrs. J. Davis & Son for the following Table.

According to the return of rainfall experienced at Derby during the past year, and taken by Messrs. John Davis & Son, All Saints' Works, there were 137 rainy days in 1949. The amount of rain which has fallen is 24.41 inches, which is 3.59 inches lower than that of the average of the twenty-one years 1928-48. The detailed figures are as follows:—

			D	ERBY.		Average
				No. of		for Derby,
				rainy		1928-48
				days.	Inches.	inclusive.
January	• •			10	0.98	3.06
February	• •			8	. 0.65	1.99
March				12	1.68	1.70
April	• •			13	. 2.42	1.92
May	• •	• •		10	2.07	2.03
June				4	0.38	1.89
July	• •			10	3.13	2.73
August	• •	• •		6	1.85	2.39
September	• •			6	1.67	2.20
October	• •	• •		17	4.10	2.68
November	• •	• •		21	3.16	3.03
December	• •			20	2.32	2.38
				137	24.41	28.00



BIRTH RATE PER 1,000 LIVING

DEATH RATE PER 1,000 LIVING --

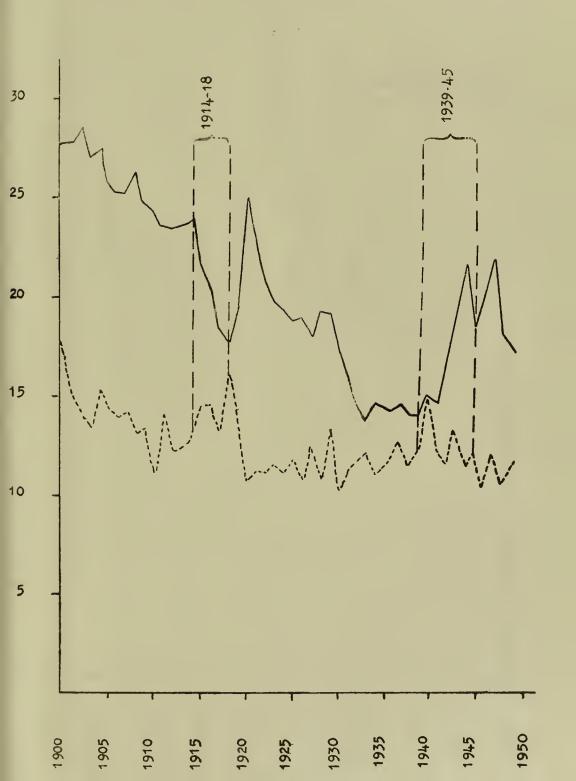
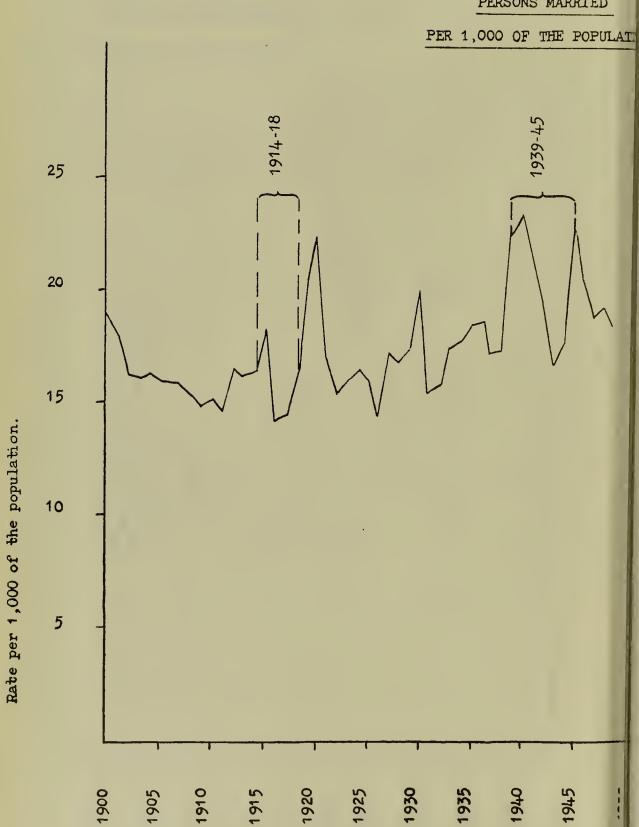
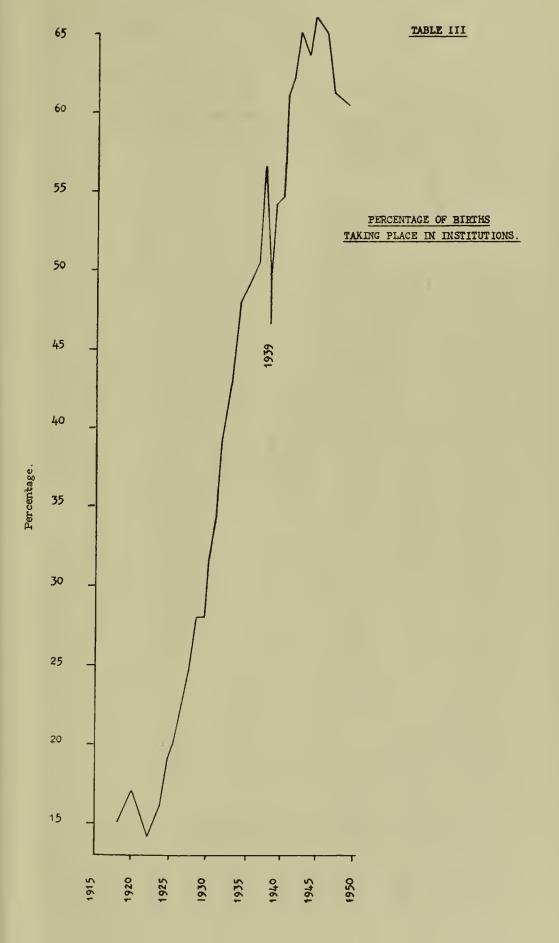
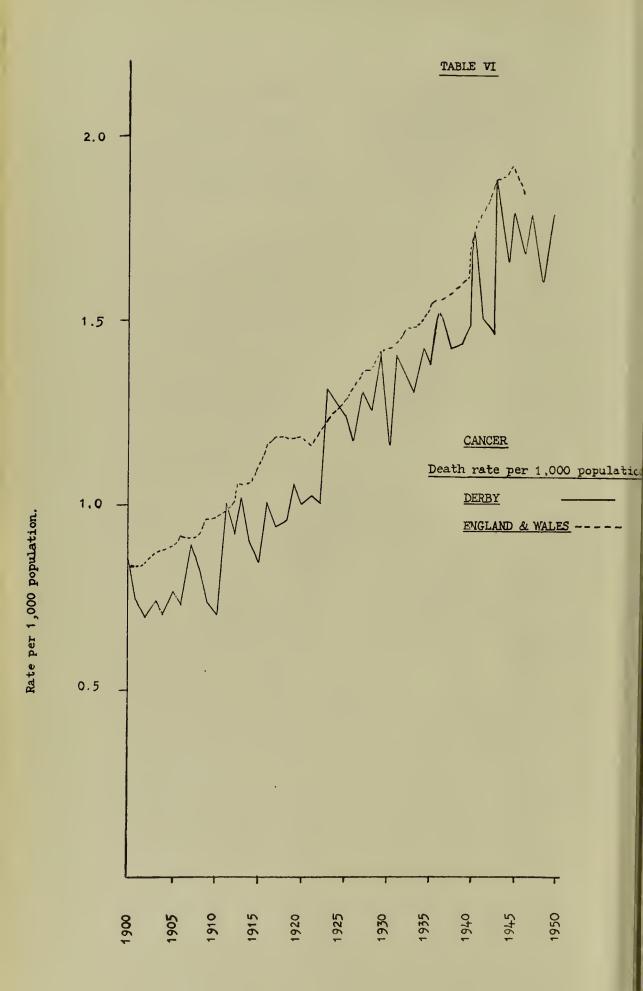


TABLE II

PERSONS MARRIED







II-MATERNITY AND CHILD WELFARE.

Midwives.

79 Midwives gave notice of intention to practise within the Borough during 1949—

61 were attached to institutions (8 at the City Hospital, 16 at the Queen Mary Maternity Home, 16 at the Nightingale Maternity Home, and 11 at the Women's Hospital); 26 were in domiciliary practice (16 in connection with the Health Department, including 7 Health Visitors, and 10 with the Royal Nursing Institution). No midwives practised privately within the Borough during the year.

A very high standard of service has been maintained by the Domiciliary Midwives during the year, in spite of extra work caused by the lying-in visits in respect of hospital cases discharged before the 14th day.

There were 8 Municipal Midwives practising in the Borough throughout the year.

The Royal Nursing Institution continued to operate a domiciliary midwifery service as an agency on behalf of the Local Health Authority under Section 23 of the National Health Service Act, 1946, 5 midwives being in practice at the end of the year.

All the Domiciliary Midwives have now been approved, by the Central Midwives Board, as teachers of pupil midwives.

- 1,001 Confinements have been attended by Domiciliary Midwives.
 - 156 Ante-natal and Post-natal Clinic sessions attended.
- 6,294 Domiciliary Ante-natal visits were made.
- 12,609 Domiciliary visits during the lying-in period were made.

The Municipal Midwives attended 543 confinements, including non-residents, and medical aid was sought in 161 cases as follows:—

126 on account of mother or expectant mother.

- 33 ,, ,, infant.
 - 1 ,, ,, mother and infant.
 - 1 ,, ,, twins.

No maternal deaths occurred in cases attended by Municipal Midwives.

The midwives practising from the Royal Nursing Institution attended 458 confinements and medical aid was sought in 114 cases as follows:—

82 on account of mother or expectant mother.

31 ,, ,, infant.

1 ,, ,, mother and infant.

Medical Aid.

The undernoted table shows the various reasons for the calling in of medical aid by domiciliary midwives.

Mothers.

ANTE-NATAL.

Ante-partum haem	orrhage	•••	•••	•••	•••	•••	•••	12
Delayed onset of l	abour (po	st ma	turity,	etc.)	•••	•••	•••	8
Miscarriage (inc. tl	reatened)	•••	•••	•••	•••	•••	•••	6
Uterine inertia	•••	•••	•••	•••	•••	•••	•••	2
Albuminuria	•••	•••	•••	•••	•••	•••	•••	5
Toxaemia of pregn	ancy	•••	•••	•••	•••	•••	•••	5
Various—incidenta	l to pregn	ancy	(mastit	is, hyd	dramni	os)	•••	17
Various—occurring	during	pregna	ncy (r	heuma	tism,	phlebit	is,	
bronchitis, oed	ematous l	egs, va	ricose	veins,	various	pains,	etc.)	14
								69
NATAL.		_						
Delayed delivery (mainly se	cond s	stage)	•••	•••	•••	• • •	19
Breech-presentation	n	•••	•••	•••	•••	•••	•••	4
Retained placenta	•••	•••	•••	•••	•••	•••	•••	3
Prolonged labour	•••	•••	•••	•••	•••	•••	•••	3
Abnormal presenta	tion	•••	•••	•••	•••	•••	•••	8
							-	
							_	37
POST-NATAL.								
Lacerated perineur	n, etc.	•••	• • •	•••	•••	•••	•••	74
Post-partum haem	orrhage	•••	• • •	•••	•••	•••	•••	10
Puerperal pyrexia	• • •	•••	•••	•••	• • •	•••	•••	5
Mastitis		•••	• • •	•••	•••	•••	•••	5
Various (abdomina	d pains, v	omitin	g, epis	iotomy	, epista	axis, et	œ.)	10
							-	

104

Babies.

Eye discharges	• • •	• • •	•••	• • •	• • •	•••	• • •		17
Prematurity	• • •	• • •	• • •	•••	•••	•••	• • •	•••	8
Feeble infant,	etc.	•••	•••		•••	•••	•••	•••	4
Asphyxia	•••	•••	•••	• • •	•••	•••	•••		1
Malformation	•••	•••		•••	•••	•••	•••	•••	12
Jaundice	•••	•••	•••	•••	•••	•••	•••	•••	3
Cyanosis	•••	٠	•••	•••	•••	•••	•••	• • •	11
Twins (premate	ıre)	•••	• • •	•••	•••	•••	•••	•••	1
Stillborn	•••	•••	• • •	•••	•••	•••	• • •	•••	2
Various (vomiti	ing, in	flamm	ation,	etc.)	•••	•••	•••	•••	8
									67
									-
	Total	Calls-	-Moth	ers	• • •	2	10		
			Babie	8	•••	•••	67		

277

Ante-Natal Clinics.

Municipal Domiciliary Cases.

GREEN STREET.

1,061 attendances were made at 51 sessions by 228 women.

169 women attended for the first time.

TEMPLE HOUSE.

1,553 attendances were made at 51 sessions by 370 women.

281 women attended for the first time.

ROE FARM.

952 attendances were made at 52 sessions by 160 women.

119 women attended for the first time.

Royal Nursing Institution Domiciliary Cases.

TRINITY STREET.

1,999 attendances were made at 51 sessions by 514 women.

381 women attended for the first time.

Post-Natal Clinics.

Municipal Domiciliary Cases.

GREEN STREET.

39 attendances were made.

TEMPLE HOUSE.

52 attendances were made.

ROE FARM.

14 attendances were made.

Royal Nursing Institution Domiciliary Cases.

TRINITY STREET.

331 attendances were made.

Maternal Mortality.

The Maternal Mortality rate for 1949 was 0.39 per 1,000 total births (live and still). The form of questionnaire required by the Ministry of Health has been filled up regarding all Maternal Deaths of Derby residents.

			Children
Age	. Cause of death.	Institution.	left.
35	Cerebral Haemorrhage due to Acute Necrosis of		
	the liver due to Eclampsia (P.M.)	W.H.	1
21	Obstetrical Shock following an anaesthetic for		
	Caesarian Section (Inquest)	W.H.	_
38	Obstetric Shock (P.M.)	W.H.	
3 0	(1a) Cerebral Haemorrhage, Eclampsia,		
	(b) Necrosis of Liver—Eclampsia	D.C.H.	
42	Inattention at Confinement (P.M., Inquest)	W.H.	
29	Pulmonary Embolism due to left common iliac		
	thrombosis following medical induction of		
	abortion (P.M.)	W.H.	

Births.

3,816 notifications were received during 1949 under the Notification off Births Act, 1907. Of these, 2,460 were live births and 48 were still-births relating to Derby residents. 1,253 were live births and 55 were still-births; relating to non-residents. The details were as follows:—

	Derby	Residents.	Non-Residents.		
	No.	Percentage.	No.	Percentage.	
LIVE BIRTHS. Notified by Midwives Notified by Doctors Notified from Institutions by Midwives Notified from Institutions by Doctors	858 130 1,220 251	22.49 3.41 31.98 6.58	6 2 893 352	0.16 0.05 23.41 9.23	
STILL-BIRTHS. Notified by Midwives Notified by Doctors Notified from Institutions by Midwives Notified from Institutions by Doctors	17 2 20 9	0.45 0.05 0.52 0.23	$\frac{-}{32}$	0.84 0.60	
Totals	2,507	65.71	1,308	34.29	

1,500, or 59.8%, of total births relating to residents took place in Institutions. 2,512 births were registered.

Still-Births.

103 Still-Births were notified (34 being notified by Medical Practitioners and 69 by Midwives). 48 were in respect of Derby residents and 55 non-residents. There were 94 burials of still-born children in the Derby cemeteries during the year. 49 still-births were registered in respect of Derby residents. Percentage of still-births to live births registered was 1.9.

48 still-births were investigated.

Analgesia.

At the end of the year all of the 13 Domiciliary Midwives were qualified to administer analysis in accordance with the requirements of the Central Midwives' Board. Eight sets of apparatus were in use by these midwives.

During the year analgesics were administered in Domiciliary Confinements, as shown under, compared with 1948:—

Period.	No. of Confinements.	Analgesics Administered.	Percentage.	
1st January to 31st December, 1948	. 937	383	40.9	
1st January to 31st December, 1949	1,001	561	56.0	

Care of Premature Infants.

- 1. Total number of Premature Babies notified during year (i.e., Babies weighing 5½ lbs. or less at birth) 284
- 2. Total number of Premature Babies notified during year whose mothers are normally resident within the Borough 168
 - (a) Born at home 40
 - (b) Born in hospital or nursing home 128
- 3. Premature babies born in the area (whether their mothers normally reside in the area or not) but excluding babies born in maternity homes or hospitals in the National Health Service:-

BORN AT HOME.

	Trans-						
	ferred to Hospital.	Died in first 24 hours.	Died on 2nd to 7th day.	Died on 8th to 28th day.	Survived 28 days.	Total.	GRAND TOTAL.
Under 3 lhs	2	_	_	_	_		2
3—4 lbs	3		_				3
$4-5\frac{1}{2}$ lhs	7	1	_	1	26	28	35
Total	12	1	_	1	26	28	40

Premature babies have been visited by the Midwives until they have reached the weight of 6 lbs., this period often extending up to five weeks.

Infantile Mortality during the year 1949.

Deaths from stated Causes at various Ages under One Year of Age.

CAU	SE OF DEATH	Ι.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One: Year.:
	/ Measles	• •••		•••	1		1	l	1)				
	Scarlet Fever	•••		•••	•••			•••		•••		•••	•••
i. Common	Diphtheria: Cro		•••					•••					
Infectious ~ Diseases.	Whooping Cougl	h	•••		•••			•••	1		•••	2	3
Diseases.	Erysipelas		•••					•••	!	•••	•••	•••	
	\ Influenza		•••					•••					•••
ii. Diarrhæal Diseases.	Diarrhœa, allform Enteritis, Muco- Gastro-enter Gastritis	enteritis,	Ü					•••	1	2	3	2	8
	Premature Birth		•••	90	i	:::		21	1			•••	22
	Congenital Defe		•••	1	5	:::	i	10	3				13
iii. Wasting	Injury at Birth	•••		4				4					4
Diseases.	Atelectasis			3				3			•••	•••	3
	Atrophy, Dehili		us	2	• • • •	•••	•••	2		•••	•••	•••	2
iv. Tuberculous	(Tuherculous Me		•••	•••		•••	•••	•••		• • • •	•••	•••	
Diseases.	Other Tuherculo		8	• • • •	•••			•••		•••	•••	1	1
Diocasco.	(Ahdominal Tuh			• • • •		•••	•••	• • • •		•••	•••	***	***
	/ Meningitis (not 7	"uberculous	;)	•••	•••	•••	•••	•••		•••	•••	•••	•••
	Convulsions	• •••	• • •	• • • • •	•••		•••	•••	1			•••	· · ·
	Bronchitis	• •••	••		•••			•••		3	1	2	5 16
v. Other	Pneumonia		••	. 1	•••	1	2	4	4	3	3	_	
Causes.	Suffocation, ove	, ,	••	• • • •	•••	•••	1	•••	∦		•••	•••	•••
	Syphilis		••	• •••	•••				1	•••	•••	•••	•••
	Laryngitis		••	. 4		•••	1	5	"2	2	4	•••	13
	Other Causes	•••	••	. 4	1	•••		0	Z		4		10
		TOTALS		. 38	7	1	3	49	13	10	11	7	90

Births (Legitimate 2,361 registered | Illegitimate 151 | Deaths | Legitimate Infants 79 | Infantile Mortality = 33.5 | per 1,00 | registered | Illegitimate 151 | market 151 | no. | mar

Attendances at Welfare Centres.

	Welcomes	No. of	A	ttendance	3.	No of	No. o Children
CENTRE.	held.	Children attending.	Mothers.	Bab	oies.	Children weighed.	seen by Doctor
			Ziothors.	Under 1	1-5 Yrs.		255 (11)
Boulton	100	553	4412	3089	1398	4470	1079
Nightingale Rd.	104	405	3699	2687	1086	3747	898
Rutland Street	104	600	4443	3361	1225	4582	958
St. Giles', N'ton	103	551	3826	2870	1153	3999	898
Sinfin	48	62	411	281	138	417	
Temple House	100	817	4239	3440	923	4327	1167
Dean Street	51	280	2231	1767	479	2241	609
Roe Farm	100	836	5433	4198	1397	5555	1331
Green Street	152	894	5347	3925	1578	5461	1146
Trinity Street	50	374	2488	1192	1524	2716	167
Totals	912	5372	36529	26810	10861	37515	8253

Number of Children making first attendances in 1949.

CENTRE.	Under 1 m'th.	l-3 m'ths.	3-6 m'ths.	6-9 m'ths.	9 m'ths 1 year.	Total.	l-5 years.	Total.
Boulton	107	56	16	7	3	189	12	201
Nightingale Road	107	52	11	3	3	176	11	187
Rutland Street	134	75	18	7	2	236	20	256
St. Giles', Norm't'n	106	55	9	8	1	179	18	197
Sinfin	10	6	3	1		20	2	22
Temple House	163	119	26	11	11	330	27	357
Dean Street	68	49	11	7	-	135	3	138
Roe Farm	156	123	20	10	3	312	25	337
Green Street	159	131	34	12	4	340	19	359
Trinity Street	83	85	11	2	3	184	8	192
Totals	1093	751	159	68	30	2101	145	2246

Numbers of Babies entirely artificially fed at first visit.

CENTRE.		Under 1 month.	1-3 months.	3-6 months.	6-9 months.
Boulton		28	25	6	2
Nightingale Road		28	14	6	1
Rutland Street		35	39	13	6
St. Giles', Normanton		69	3 t	2	2
Sinfin		3	2	1	-
Temple House		40	42	19	11
Dean Street]	13	20	7	1
Roe Farm		92	49	6	2
Green Street		45	6 0	15	7
Trinity Street		14	21	7	1
Totals		367	303	82	33

Ophthalmia Neonatorum.—Cases notified, 6.

Further information and the table required by the Ministry will be found on page 67.

Pemphigus Neonatorum.—No cases were notified during the year.

Children of Pre-School Age.

During the year under review, routine medical inspection was carried out in 1,062 children of two, three and four years of age. Of this number, 64 were admitted to school during the year and particulars of the treatment of those cases are included in that part of the Report dealing with school children. Of the remaining 998 routine medical inspections, 349 children were referred for treatment and 479 placed under observation. In a number of these cases, children with more than one defect are included under both headings. The number of individual children requiring treatment or observation, or both, was 679. In addition, 561 re-inspections and 32 special examinations were made.

Below is a statement of cases, showing the numbers of children of preschool age which were referred to the various clinics during the year:—

Ultra-Violet Ray Clinic	•••	•••	•••	• • •	114
Orthopaedic Clinic	•••		•••	•••	214
Aural Clinic	•••	•••	•••	•••	94
Ophthalmic Clinic	•••	•••	•••	•••	21
Dental Clinic	•••	•••	•••	•••	519

Attention has been paid by the Health Visitors throughout the year to the conditions of the children's hair. Once again we have to report a very low incidence of infestation among those examined.

Milk for Expectant and Nursing Mothers and for Infants.

The following amounts were supplied during the year:-

The following amount	05 110	no supplied a	ding the your.	
		Sold at	Supplies	
		cost price.	free.	Total.
National Dried Milk	•••	35,836¼ lbs.	331½ lbs.	36,167½ lbs.

Work of the Health Visitors.

Report by Miss E. M. Gardiner, Senior Health Visitor.

1949 has been a difficult year, owing to shortage of staff and the extension of the Health Visitors' duties, but the usual fine standard of work has been maintained.

42,155 visits have been paid to mothers and babies in their homes. This number, however, gives very little indication of the time, patience and work involved; in some cases a daily visit is needed over a period of many weeks. These home visits are absolutely necessary to the welfare of the children, and, when linked with the mothers' attendance at the ante-natal and infant welfare centres, make a complete pattern.

1,679 sessions at the centres were attended by the Health Visitors where each mother is given a short private consultation.

The "Vernon Street Home for Unmarried Girls" has been visited weekly and Committee meetings attended.

The Derby welfare centres were very successful in the National Mothercraft Competitions, in which welfare centres compete for a shield annually. Six centres entered a total of 50 examination papers and children's garments, each entry gaining a certificate. Boulton welfare centre with 10 certificates gained a total of 743 marks out of a possible 1,000.

SUMMARY.

MOTHERS.

1.	MOIIERS.				
	Visits re Expectant Mothers	•••	• • •	• • •	71
	" " Mothers (Post Natal)	•••	•••	•••	45
	Revisits re " " "	•••	•••	•:•	10
2.	CHILD WELFARE.				
	Visits re Births	•••	•••	•••	2,447
	Revisits re Births (under 1 year)	•••	•••	•••	9,381
	" " Children (1—5 years)	•••	•••		20,766
	Visits re Deaths of Infants under 1 year	•••	•••	•••	26
	,, ,, Deaths of Infants over 1 year	•••	•••	•••	18
	" " Premature Babies	• • •	•••	• • •	74
	Revisits re " "	•••	•••	•••	220
3.	INFECTIOUS DISEASES, EXCLUDING TUBERCU	LOSIS.			
	Visits re Ophthalmia Neonatorum	•••	• • •	•••	14
	,, ,, Infantile Diarrhoea	•••	•••	•••	7
	Visits to other Infectious Diseases (Scarle	et Feve	r, Me	sles,	·
	Pneumonia, Whooping Cough, etc.)	•••	•••	•••	4,309
					,
4.	OTHER PUBLIC HEALTH WORK.				
	Visits re Adoption		•••		440
	Special Visits	•••	•••	• • •	1,454
	*			•••	1,701
5.	Miscellaneous.				
•	Unsuccessful Visits (Out, Removals, etc.)				6.040
	Assisting at Infant Welfare Sessions	***	•••	***	6,848
	,, ,, Ante-Natal Clinics	•••	•••	*1*	1,440
	,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••	•••	***	239

The Unmarried Mother and Child.

The Diocesan Moral Welfare Association has been able to carry on with the hostel which was opened in 1944. A close liaison has been maintained between the Local Authority and the Association. In 1949, 11 Borough residents were cared for in the Hostel, and I was admitted elsewhere.

Day Nurseries.

Report by Miss M. R. Moss, Supervisor of Day Nurseries.

1949 has brought us another year full of happy memories of the children who have been in our care. Some of these children have now passed on to school, others are still with us, and we shall endeavour to keep in the new year the high standard of care which has been maintained since the nurseries opened in 1941.

Children accommodated and number of children on waiting lists for the year January to December, 1949, in the three Borough Day Nurseries, is as follows:—

		0—2 yrs.	2—5 yrs.
Number of approved places	•••	67	50
Number of children on register at 1st January	• • •	5 6	58
Number of children admitted during the year		63	24
Number of children discharged during the year	•••	27	52
Number of children on register at 31st December	•••	57	59
Average daily attendance	•••	49	5 0
Number of applications for admission	• • •	2	49
Number of applications for admission outstanding	\mathbf{at}		
the end of the year 1949	• • • •	4	50

The total capacity of these three units is 117 children. It will be seen from the above that there were still 450 children waiting for admission.

One of the chief difficulties was the allocation of the few vacancies in view of the great number on the waiting list. The allocation was done in order of application and priority, bearing in mind the number of approved places vacant for various age groups, but leaving many applicants outstanding who had already been waiting a considerable time, and although every effort was made many children reached school age before accommodation could be provided for them. It is hoped that the opening of the new nursery, "Ashtree House," 218, Osmaston Road, early in the new year will help in this matter and also assist to shorten the long journeys from home to the nursery which many mothers are having to undertake now.

Another problem which confronts us is the ever increasing demand for 'short term' accommodation, chiefly occurring when the mother has to enter hospital for a short time and has no-one to look after the young child except the father, who of course needs to continue working. These cases can seldom be admitted owing to the long waiting list and obviously cause much hardship.

As in previous years new applicants were interviewed and classified according to circumstances. Priority was as usual given to:—

- 1. Widows.
- 2. Unmarried mothers.
- 3. Wives with husbands in poor health.

The mothers continued to show great appreciation for the care given to their children. It is apparent that their minds are completely at rest while they are at work knowing that their children are happy in the nursery.

The nurseries are open from 8 a,m. to 6 p.m. Monday to Friday and Saturday 8 a,m. to 2 p.m.

The nursery care given to the children during the ten-hour day is:-

On admission: Welcomed. Made comfortable. Toilet. Washing or bathing.

Breakfast: Menu varied each morning. Milk drink.

Play and short walks. Short rest or sleep for children under 2 years of age. Orange juice and iron tonic.

Play or games.

Toilet. Washing of hands.

Dinner: Menu varied each day. (Cod liver oil given here.)

Simple bed-time story told by a member of the staff, suitably illustrated by pictures.

Toilet. Wash if necessary.

Rest or sleep on eamp beds for 1½ to 2 hours. Drink of water on waking.

Toilet. Wash hands.

Free play.

Tea: Menu varied each day. Milk drink.

Play and individual mothering.

Preparation for home, as mothers arrive. (Toilet, washed and dressed.)

This routine is elastic, always meeting the children's immediate needs. All rest and play is arranged for in the open air whenever the weather is suitable and the children are given as much freedom as possible to allow their individual characters to develop spontaneously.

Immunisation against diphtheria and whooping cough and periodical medical inspections were maintained as in previous years. Weekly medical visits by the doctors from the School Clinic have been introduced during this year and have proved a very important development. The medical observation of the children from week to week has alleviated any anxiety which might be caused in the event of a child not conforming to normal progress. Except for a few outbreaks of whooping cough and measles the general standard of health enjoyed by the children was very good.

The number of staff employed at the end of the year was as follows:—

				Beaufort	Ford	Kitchener
			Total.	Street.	Street.	Avenue.
Matrons	• •		3	1	1	1
Staff Nursery Nurses		• •	8	2	3	3
Nursery Assistants			2	1	_	1
Wardens	• •	• •	2	1		1
Students			32	11	10	11

The training of nursery students for the Nursery Nurses Diploma (National Nursery Examination Board) continued. The number of students in training during 1949 was 17. Ten of these were 'first year' students and seven were 'second year'. Four students entered the examination in October and all four passed. Of the other three students, two were ill at the time of the examination and the third had not quite completed the two year course (having joined the course a short while after it had commenced). These three students are eligible for the diploma examination in January, 1950.

One of the four successful students left the staff soon after the results; were through to start general nursing training at the Derbyshire Royall Infirmary. Another entered for the Emergency Teachers Training Course, the other two were promoted to Nursery Assistants and remained on the staff.

As reported in 1948, one student was not old enough to sit for the examination that year but entered and successfully passed in January, 1949. This student was promoted to Nursery Assistant but has since left to take up a private post and has travelled with her charges and employers to New Zealand, where she is very happy.

Although our nursery students have so far always achieved good results in examinations, the standard of training as a whole in the last few years has been lower, owing to the various difficulties encountered by the introduction

of the exchange of Nursery School students with our own under the new training system. These difficulties can be overcome by some re-arrangement of the course.

At both Ford Street and Kitchener Avenue Nurseries the installation of airing cupboards, drying rooms, milk kitchens and store rooms has commenced, which it is hoped will help considerably to improve conditions for work in these departments.

The Day Nurseries Staff, whatever their duties—be they training, nursing, learning or cleaning, are grateful for the joy and privilege of once again caring for the large family of children in the Derby Day Nurseries.

Nursing Homes.

Reg	istered at 31st December	, 1948	•••	•••	•••	•••	•••	_
(1)	Applications for registra	tion	•••	•••	•••	•••	•••	_
(2)	Applications for registra	ation v	vithdr	awn	•••	•••	• • •	_
(3)	Homes registered	•••	•••	•••	•••	•••	•••	_
(4)	Orders made refusing or	r cance	elling	registra	tion	•••	• • •	_
(5)	Appeals against such O	rders	•••	•••	• • •	•••	•••	
(6)	Cases in which Orders l	have b	een—					
	(a) Confirmed on				•••	•••	•••	-
	(b) Disallowed	• • •	•••	•••	•••	•••	•••	
(7)	Number of applications	for ex	\mathbf{cmpt}	ion fron	n regi	stration		2
	(a) Granted	• • •	• • •	•••	• • •	•••	• • •	2
	(b) Withdrawn	• • •		•••	• • •	• • •	• • •	—
	(c) Refused	• • •	• • •	•••	•••	• • •	•••	_
On	register at end of year	• • •	•••	•••	•••	•••		Nil

DENTAL SERVICES.

Report by Mr. A. Stafford, Senior Dental Officer.

A review of the Authority's Dental Services for the year 1949 may be regarded with mixed feelings. On the one hand there is every reason for disappointment at the lack of progress and development which twelve months earlier had shown great promise, while on the other there is good reason for thankfulness that this authority's staff has not suffered the degree of desertion that has occurred in most areas of the country.

THE SCHOOL DENTAL SERVICE.

By the end of 1947 the service throughout the country was steadily recovering from its war-time ailments, until it had almost reached its pre-war level of strength. In the past two years, however, it has received set-backs through loss of staff that have put back the clock a considerable period of time, and the present condition of this service leaves all those engaged in it in a state of depression.

PERSONNEL.

The loss from the staff in August of a whole-time officer has inevitably meant a decrease in the amount of treatment carried out and, unfortunately, the deficiency has been mainly in the form of preventive (filling) treatment, in as much that the relief of toothache and removal of oral sepsis by extractions must constantly be dealt with. While staffing facilities may unfortunately lessen, the requirement for this type of treatment does not do so—on the contrary, it increases in time, for that very reason—and thus there commences the backward slide which for years it has been the endeavour to avoid.

At the same time of departure of this officer, a dental attendant also left us, and though for a period of three months only this post was filled, both appointments now remain vacant, with little prospect of filling them under the present conditions.

PREMISES.

The position regarding premises remains exactly the same as it did in the previous year. The much hoped for and excellently planned clinics at Green Street, Boulton and Roe Farm still await commencement of building, and while the congestion at the Temple House premises is lessened for the time being by the shortage of staff, this form of relief cannot be said to be progressive.

In spite of this, we endeavoured to improve upon our equipment, and at the end of the year we were fortunate to obtain a dental X-ray apparatus, which, at the time of writing, is constantly in use and serving a most useful purpose.

THE YEAR'S WORK.

Inspection.

Once again we were unable to visit all the schools within the year, and Bemrose School, the largest under our care, had to be left over until 1950.

At these school inspections, children of all ages were examined, totallings 18,075, of which 25.1% were considered to be dentally sound, 21.1% had slight defects not requiring treatment and 53.8% were needing treatment. Of this last group, numbering 9,723, it was found possible to refer 7,969, and

of these, 76.5% consented to treatment, 14.1% refused the offer, while from 9.4% there was no reply. Table 1 (page 34) gives these details in statistical form, showing a picture of the dental conditions of the children per age group as well as per school, and of the response to our offer of dental care in the case of each school.

TREATMENT.

12,682 attendances at the clinic were made by 8,356 children for the following forms of treatment.

- (a) Fillings. 9,034 fillings were inserted in permanent teeth and 19 in temporary teeth.
- (b) Extractions. 10,008 temporary teeth and 1,781 permanent teeth were removed (433 of the latter were sound teeth extracted for orthodontic purposes).
- (c) Anæsthetics. 6,083 general anæsthetics were administered for the foregoing extractions, Nitrous Oxide and Oxygen being the anæsthetic used. There were also 65 local anæsthetics given during the year.
- (d) Other Operations. There was the usual small number of cases of gum conditions and for the scaling and polishing of teeth. 33 orthodontic appliances were constructed for cases of irregularity of teeth, and 35 small dentures for older scholars, both for æsthetic reasons as well as for assisting them in their speech.

Table 2 (page 35) gives these details in tabulated form.

SPECIALISED TREATMENT.

As in the past, we continued to carry out a small amount of Orthodontic treatment, dealing with the correction of simple cases of irregularity of teeth, but a number of these have now to be left untouched to make room for the more urgent needs. Any consideration of the desired development of this branch of child dentistry must be completely lost sight of for the time being.

PROPAGANDA WORK AND RESEARCH.

No time was available for school lectures or for the gathering of data for purposes of investigation. Nevertheless, it should not be forgotten that these activities have an important place in any dental scheme.

TABLE 1.

ROUTINE DENTAL PERCENTAGES.

School.		Sound.	Defective but not requiring Treat- ment.	Requiring Treat- ment.	Consents.	Refusals.	No Reply.
Abbey Street		32.5	4.4	63.1	77.9	16.9	5.2
		37.2	23.6	39.2	81.5	9.8	8.7
	•••	16.1	13.5	70.4	79.9	12.4	7.7
	•••	10.1	15.5	70.4	19.9	12.4	1.1
	•••	19.6	28,2	52.2	92.7	4.6	2.7
	•••	20.4	19.7	59.9	82.7 82.5		
	•••	39.4	7.4	53.2	78.3	$11.6 \\ 14.0$	5.9
	•••	28.1	29.8	$\begin{vmatrix} 33.2 \\ 42.1 \end{vmatrix}$	80.3		7.7
0	•••		13.8			6.6	13.1
0111101101	•••	32.8		53.4	74.4	14.0	11.6
- J	•••	30.3	$\begin{array}{c} 3.0 \\ 23.8 \end{array}$	66.7	73.3	14.9	11.8
	•••	17.7		58.5	79.4	10.9	9.7
	•••	15.2	$\begin{array}{c} 20.7 \\ 22.2 \end{array}$	64.1	80.5	13.3	6.2
	•••	27.0		50.8	78.3	12.7	9.0
	•••	28.4	2.4	69.2	69.7	10.1	20.2
	•••	29.4	10.6	60.0	77.2	20.0	2.8
***************************************	•••	23.9	52.4	23.7	79.1	14.5	6.4
	•••	21.7	55.9	22.4	89.4	4.5	6.1
	•••	26.6	16.2	57.2	79.1	14.6	6.3
	•••	19.1	24.7	56.2	64.2	29.8	6.0
Orchard Street		27.9	9.3	62.8	51.8	21.4	26.8
	•••	34.7	2.3	63.0	69.9	21.2	8.9
Pear Tree		23.7	18.8	57.5	69.2	13.5	17.3
Practising		18.1	23.8	58.1	78.9	13.2	7.9
Reginald Street		25.8	13.6	60.6	68.4	25.4	6.2
Roe Farm		20.6	31.0	48.4	80.2	11.6	8.2
~ ~ ~ ~	•••	23.2	4.4	72.4	66.7	14.2	19.1
	•••	44.0	31.2	24.8	90.3	6.5	3.2
St. Dunstan's		28.9	50.6	20.5	61.5	23.1	15.4
12.	•••	23.7	27.1	49.2	79.2	15.1	5.7
St John's		29.4	. 18.7	$\begin{bmatrix} 51.9 \\ 50.3 \end{bmatrix}$	69.6	21.7	8.7
St. Joseph's		21.1	19.7	59.2	80.7	7.0	12.3
	•••	34.8	21.4	43.8	64.1	12.8	23.1
St. Mary's		25.2	14.5	60.3	77.7	10.7	11.6
St. Paul's		13.8	27.0	59.2	73.5	17.3	9.2
1	•••	19.1	33.0	47.9	66.7	25.6	7.7
	•••	30.9	2.2	66.9	88.8	10.0	1.2
	•••	28.8	35.7	35.5	87.1	3.2	9.7
ന്ന് വ	•••	26.5	12.1	61.4	52.9	17.7	29.4
	•••	26.3	21.5	52.2	64.8	19.7	15.5
Wilmorton		15.2	27.9	56.9	79.3	10.35	10.35
Percentage		25.1	21.1	53.8	76.5	14.1	9.4

Age.	Sound.	Defective but not requiring Treat- ment.	Requiring Treat- ment.	Consents.	Refusals.	No Reply.
Aged 5 years	37,2	34.8	28.0			
,, 6 ,,	23.6	39.2	37.2			
7	16.3	35,7	48.0			
, 8 ,, ,, 9 ,,	14.6	28.8	56.6			
,, 9 ,,	14.9	23.2	61.9			
,, 10 ,,	16.9	21.4	61.7			
,, 11 ,,	26.5	12.8	60.7	ĺ		
,, 12 ,,	31.3	6.4	62.3			
,, 13 ,,	31.4	2.3	66.3			
,, 14 ,,	30.8	1.4	67.8			
,, 15 ,,	26.0	0.6	73.4			
,, 16 ,,	30.4	2.0	67.6			
, 17 ,	25.9		74.1			
,, 18 ,,	18.5	_	81.5			
,, 19 ,,	50.0	_	50.0			
Percentage	25.1	21.1	53.8			

TABLE 2.

INSPECTION AND TREATMENT.

					INSI	PEC'	LION	AND	TR	LEA'	TMEN	VT.			
1.	No.	of Pupils	s Ins ntal	pec Off	ted by	the	Authori-		5.	Hal		devoted	to:-		
	(a)	Periodi	c Gr	oup	08					(a) (b)	Inspec		•••	•••	132 1,736
		Aged (up to	0)								Total	•••	•••	1,868
			5 ye 6 7	ears	•••	•••	2,638 1,920 1,733		6.	Filli	ngs:—				
			8 9	"	•••	•••	1,474 1,657				nanent porary		•••		9,034 19
			10 11 12	,, ,,	•••	•••	1,593 1,648 1,564					Total	•••	•••	9,053
			13 14 15	"	•••	•••	1,643 1,554 466								
]]	16 17	,, ,,	•••	•••	102 54		7.		ractions				
		_	18 19	,,	•••	•••	27 2				nanent porary		•••	•••	1,781 10,008
		7	Тота	L	•••	•••	18,075					Total	•••	•••	11,789
	(b)	Specials	s			•••	60		8.			tion of A	Anæsth	etics :	
	(c)	Total (Perio	odio	and					Gen		•••	•••		6,083
			Speci			•••	18, 35					Total	•••	•••	6,148
2.	No.	found to	to re	qui	ire Tr	eat-	9,783		9.		Î	ations :-	-		
3.	No.	actually	⁄ Tr∈	eate	d	•••	8,356			Tem	nanent porary tures		•••	•••	1,183
										Obti	odontic urators ture Re	Applia	nces 	•••	33
4.	Atte	ndances for Tre				pils	12,682			Den		Total	•••	•••	1,257

PRIORITY DENTAL SERVICES.

These services, catering for the Expectant Mother, the Nursing Mother and the Pre-school Child, were rendered as much as existing facilities permitted.

With regard to the two older mentioned groups, treatment was incomplete in several of the cases dealt with, and again it has to be said that almost all the treatment left undone was of a conservative nature. While there is some satisfaction that the removal of unhealthy teeth and associated septic conditions serves a very necessary purpose, the dental officer is left with a feeling of frustration that opportunities cannot be taken for fuller treatment to prevent the onset of further trouble.

With respect to the remaining group, that of Young Children, it is apparent from the numbers treated during the year how worth while is this work, both from the point of view of benefit to the health and comfort of those children, as well as maintaining good dental conditions for them until such time as they reach school age and come under the more regular school service. As, however, there is yet no means of periodically inspecting the whole of the children in these age groups, which is the only really effective method of carrying out the dental care of any section of the community, it is not possible to know how many of them are in need of treatment but do not receive it because of the indifference of their parents in seeking to obtain it, and it can merely be said that we carried out all the treatment that was sought for these children.

In dealing with children of this early age it is especially desirous that some effective form of preventive treatment should be followed, and the results of the experiments now being made concerning the application of Fluoride preparations for this purpose will be keenly studied when they are available.

PERSONNEL AND PREMISES.

The difficulties of staffing and premises already instanced in the school section of this report have a proportionate application to the services given to the Priority Classes, and the available facilities were inadequate to deal fully with these classes locally.

THE YEAR'S WORK.

Dental inspection of Expectant Mothers was made at Ante-Natal clinics hold at the City Hospital, Roe Farm, Boulton, Green Street, and Temple House, and the treatment found necessary as a consequence was carried out at the City Hospital Dental Dept. Nursing Mothers were treated at the City Hospital

and Temple House, and all treatment of Young Children was undertaken at Temple House. Tables 3 and 4 (page 38) give in statistical detail the work done on these groups during the year.

RESEARCH.

The request of the Ministry that this report should include a note of any field of clinical research carried out during the year, or of any scheme of dental health education, has again to be met with a negative return, as no time was available for efforts in this direction.

TABLE 3.

	CIT	ry PITAL.	ANTE-NATAL INSPECTION CLINICS.								
1949	Expectant Mothers.	Nursing Mothers.	Child Welfare.	Miscel- laneous.	Expectant Mothers.	Nursing Mothers.	Roe Farm.	Boulton.	Temple House.	Green Street.	TOTALS.
Cases Examined	27	22	519	20	534	15	119	49	158	84	1,547
Cases Treated	27	20	467	16	352	15	_				897
Attendances made	51	92	595	58	955	70	121	50	159	85	2,236
Fillings	15		2	24	76						111
Extractions	. 18	25	1,128	10	817		-				2,028
N2O Anæsthetics	. 9	7	526	7	318			-		_	867
Intravenous Anæsthetics				-	2					-	2
Local Anæsthetics	. 1	1		1	8				-	-	11
Denturc Patients	. 4	18		-	5	10				_	37
Dentures Constructed	4	27		-	7	13					51
Dentures Repaired	4	3	-		5	2	_				14
Other Operations	31	80	5	36	30	65		-	-	-	247

TABLE 4.

(a) Numbers provided with dental care:

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	1,008	529	414	286
Children under five	519	467	467	458

(b) Forms of dental treatment provided:

		Anæs	thetics.		Scalings or	Nitrate tment.	gs.	phs.	_	tures ided.
	Extractions.	Local.	General.	Fillings.	scaling	Silver Nitrate Treatment.	Dressings.	Radiographs	Com- plete.	Partial.
Expectant and Nursing Mothers	890	10	343	91	37		164	5	23	28
Children under five	1,128		526	2		2	3	_	_	_

CONCLUSION.

The position of the Local Authority dental services throughout the country gives rise to grave anxiety, especially to those competent to assess their true value. The issue is quite plain, and as the attractions of general practice within the National Service continue to glitter, while those of public service become more dismal, staffing and recruitment to the latter continue to deteriorate. At the time of writing this report, vital discussions on this problem are being held, and it is to be earnestly hoped that these efforts will be successful in speedily restoring the services to their former strength and usefulness before the situation gets beyond recall.

Locally, a depleted staff got through the year's work with a good spirit, continually faced with more than could be achieved, and some commendation may be due to those who remained loyal to a service which, it is the writer's firm belief, must of necessity overcome these adversities and continue to take an indispensable part in the task of safeguarding the teeth—and therefore the health—of the community.

III.—SCHOOLS AND SCHOOL CHILDREN. GENERAL REVIEW.

Staff and Clinics.

Although we started the year with a full medical staff with the exception of a psychiatrist, we were handicapped by the absence through illness of one of our medical officers for a period of several months. We were also without a psychiatrist, a psychiatric social worker and an orthopaedic nurse, so we were far from full strength. With the rise in the birth rate, however, which was noticeable in 1942, and which from 1943 to 1947 was variously 25% to 50% above pre-war rates, the number of entrants for examination has risen proportionately, and consequently the work in this respect has correspondingly increased. For this reason therefore, and because of depleted staff, the programme of periodic examinations could not be completed, and no fewer than fourteen schools had to be left over. These naturally will have priority in 1950.

1949 is the first full year since the National Health Service Act came into operation, and therefore the first period in which comparisons can be made. I was interested to ascertain whether the provision of a family doctor would make any difference to attendances at clinics in general, and to the clinic for minor ailments in particular. Actually the number of children who attended these clinics in 1949 increased from 1947 by 2,315 (8,554 to 10,869) so on first evidence it would appear that, even allowing for the increased number of children in school, the School Clinic is still the main fountain of treatment for the minor ailment. The Specialist clinics, though still held at the School Clinic and staffed by substantially the same personnel as formerly, are now under the Hospital Management Committee, and cases referred for hospital treatment, both in and out-patient, are referred direct. This has two unfavourable aspects in that the Local Education Authority can do little to hasten urgent operations, and cases that fail to attend for treatment are not followed up as they were when treatment was given at the School Clinic. The latter aspect is especially exemplified in the orthopaedic clinic. numbers attending the Specialist clinics were all slightly less than in 1948; this, however, is mainly due to the fact that in general, children of pre-school age are being referred to hospital out-patient departments direct.

As in former years the results of medical inspection and treatment do not reveal any outstanding features for 1949. There were no significant changes in the heights and weights of children in the categories for periodic medical inspection. There was a welcome reduction in the number of school children

diagnosed as suffering from tuberculosis, 11 as against 28 in 1948. There was also a big drop in the number of children requiring treatment for scabies, 90 as against 195. As a routine measure families were also treated in these cases.

In October, 1949, the Regional Hospital Board very kindly put at our disposal the services of a psychiatrist, Dr. T. A. Ratcliffe, for two sessions per week at the Child Guidance Clinic. The services of Dr. Ratcliffe have been very much appreciated, and his report is included in the appropriate section of this Report.

We were hoping that Ashe Hall, the new open air special school for delicate children, would have been open during the year; this was not found to be possible but there is every hope that it will be opened in 1950.

During the year, exceptional demands were made on the Local Education Authority for short stay convalescent care, and a very important development in this respect took place in the Autumn. By arrangement with the trustees of the Skegness Seaside Homes the Authority agreed to take over, at ascertained costs, the whole of the accommodation from October until April. It was arranged that the more delicate of handicapped pupils should go for a month at the seaside, and the first batch of 20 left in October. The first reports on this new venture were most encouraging, and this arrangement has undoubtedly been a great contribution to the solution of this problem.

What of the Future?

It was inevitable that the National Health Service Act would have some repercussions on the School Health Service, but up to the present these have not been as pronounced as expected. To some extent this is due to the fact that the hospital clinics are still being held on School Clinic premises, and therefore the administration from the follow up angle is still with the Local Education Authority. When these clinics go to the hospitals, new problems in co-ordination, if the best results are to be achieved, will arise. The posture of school children, and especially the treatment of slight abnormalities, are questions which call for an urgent answer. The best solution of the difficulty would be to have a physiotherapist on the Local Education Authority staff to assist with the physical education of children in the schools and to carry out treatment at the clinic. With the present system there is a real danger that minor defects may not receive the early attention which is so desirable.

Another urgent measure is the adoption of some system by which not only the development of the child may be reviewed but also the causes, such as illnesses, which influence his physical progress. This introduces such

factors as social environment, early detection and treatment of illness, and physical and educational care after treatment. The first and third of these are clearly the responsibility of the Local Education Authority: the responsibility to make certain that treatment is available is also definitely laid down. Obviously, in the best interests of the child, there should be equal partnership with free exchange of information among the family doctor, the hospital, and the school medical officer.

It will be clearly seen from this report that there can be little diminution of work for the School Health Service; on the contrary, with the rise of the birth rate, which is now rather steeply increasing the school population, and the extra work which is accruing as a result of the wider demands of the Children's Committee, an increase of medical staff, if efficiency is to be maintained, is essential.

SCHOOL ATTENDANCE.

The accommodation in Primary and Secondary Schools is 21,507. The number of names on the books is 17,843 and the average attendance 16,405. These figures do not include the Central (Boys') School, Temple House Special School for educationally subnormal pupils and the Grammar Schools.

THE SCHOOL HEALTH SERVICE IN RELATION TO MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

Medical Inspection.

Number of children inspected.—The total number of children inspected was 5,674. Of these, 2,710 were boys and 2,964 were girls. In addition, 185 children were brought forward for special examinations by head teachers.

FINDINGS AT PERIODIC INSPECTION. GENERAL CONDITION.

The general condition of the 5,674 pupils inspected in 1949 was classified as follows.—

A (Good) 2,566 B (Fair) 3,017

C (Poor) 91

Heights and Weights.

			BOYS.			GIRLS.	1
Age.	Year.	Number examined.	Average Height (inches).	Average Weight (lbs.).	Number examined.	Average Height (inches).	Average Weight (lbs.).
5 years	1919	499	40.7	39.4	496	40.3	39.1
·	1925	851	41.3	40.4	838	41.0	39.3
	1935	842	41.8	41.6	779	41.7	40.6
	1941	568	42.0	41.8	593	41.5	40.3
	1946	46 6	42.3	43.0	439	41.8	41.3
	1947	845	42.7	43.3	811	42.5	41.8
	1948	870	42.9	43.4	814	42.6	41.6
	1949	811	43.1	44.3	811	42.7	43.1
10 years	1947	854	53.5	68.8	768	53.5	67.1
•	1948	814	53.6	69.3	776	53.2	67.4
	1949	666	53.8	70.6	54 6	53.4	68.8
14 years	1947	425	62.8	104.4	364	62.0	106.3
•	1948	904	62.8	106.9	678	61.7	105.9
	1949	387	62.1	103.5	526	62.0	108.0

Visual Defects and External Eye Disease.

The percentage of children found to have defective vision was 18.5.

In the ten and fourteen year old groups, the percentages of children who were unable to read 6/6, 6/6, were:—

In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes) were:—

The total number referred for refraction was 291.

The number of partially sighted children as judged by the accepted criteria is 10.

Squint.

The number of children in the five year old group found to have a squint, even of the smallest degree, was 105.

External Eye Disease.

The following defects were found in the course of Periodic Medical Inspection:—

Uncleanliness.

See report on page 56.

Minor Ailments and Diseases of the Skin.

The following skin diseases were recorded at the medical inspections —

Dermatitis	••••	43	Naevus	6
Urticaria	••••	26	Psoriasis	4
Warts	••••	18	Scabies	4
Acne	••••	13	Ringworm Body	4
Seborrhoea	••••	12	Impetigo	4
Ichthyosis		12	Other Diseases	52
Eczema		9		

Nose and Throat Defects

The number of children referred for treatment for enlarged tonsils and adenoids was 4.9 per cent. of the number examined. The percentage placed under observation was 11.2.

Ear Disease and Defective Hearing.

90 children were noted as suffering from Otorrhoea at periodic medical inspection.

Defective hearing, mostly of a slight character, was found in 55 cases.

Dental Defects.

491 children were found at the periodic medical inspection to have carious teeth.

Orthopaedic and Postural Defects.

The following deformities were noted at the periodic medical inspections —

Flat Feet 206 Spinal Curvature 151

Other Defects 436

Heart Disease and Rheumatism.

2.1 per cent. of all children examined were listed as having heart defects. Few of these were organic, and the vast majority required only observation. The number of children found to be suffering from rheumatism was 24.

Tuberculosis.

Eight cases were referred from routine medical inspection to the Chest Physician for advice during the year. In addition, 26 "specials" were referred to the Chest Physician for opinion. 11 school children were notified as suffering from tuberculosis (6 pulmonary and 5 non-pulmonary) during the year.

Vaccination.

477 (8.4 per cent.) of the 5,674 children medically inspected were recorded as having been vaccinated.

FOLLOWING UP.

The arrangements for the following up of children suffering from the various defects continued as outlined in a previous report.

ARRANGEMENTS FOR TREATMENT.

Consultation Clinic, Mill Hill Lane.

1,161 attendances were made at this clinic during the year.

Minor Ailments Clinics.

The total number of children attending these clinics was 10,869, and the number of attendances was 44,791. Of this number, 9,537 examinations (inspections and re-inspections) were made by Medical Officers.

Scabies.

The number of cases of scabies treated during the year was 95, as compared with 190 in 1948, 365 in 1947 and 663 in 1946. In addition, 36 adults were treated during the year.

Ultra-Violet Ray Clinic, Mill Hill Lane.-

Total number of children attended 197
Total number of attendances 3,079

In addition, 102 cases referred from the Child Welfare Clinics made 1,567 attendances.

Ultra-Violet Ray Clinic, Green Street.—

Total number of children attended 103 Total number of attendances 1,480

In addition, 12 cases referred from Child Welfare Clinics made 155 attendances.

In both clinics, the types of cases treated were similar to the lists given in previous reports.

Dental Clinic, Mill Hill Lane.—

The Dental Clinic is held every day of the week (morning and afternoon	The	Dental	Clinic is l	ield every	day of the	e week ((morning a	nd afternoor
--	-----	--------	-------------	------------	------------	----------	------------	--------------

Total number of cases attended 8,356
Total number of attendances 12,682

Total number of clinics held 1,736

Aural Clinic, Mill Hill Lane .-

The number of children who received operative treatment for tonsils and adenoids during 1949 was 622.

In addition, 12 children received operative treatment for ear conditions.

Total number of cases attended \dots \dots \dots 883

Total number of attendances 1,475

Included in these figures are 94 cases referred from Child Welfare Centres.

Orthopaedic Clinic, Mill Hill Lane.—

Total number of cases attended 720

Total number of attendances 1,673

Included in these figures are 214 cases referred from Child Welfare Centres.

SUMMARY OF TREATMENT:-

(a)	\mathbf{At}	Harlow	Wood	${\bf Orthopaedic}$	Hospital	•••	7
-----	---------------	--------	------	---------------------	----------	-----	---

(b) Number of X-ray examinations (at City Hospital) 42

(c) At the Orthopaedic Clinic:—

Massage, Exercises, Electricity, etc. ... 815

Attendances at Splint Maker 475

Heart and Rheumatism Clinic, Mill Hill Lane.-

Number of children attended 31

Number of attendances 39

Includes 4 pre-school children who made 5 attendances.

Ophthalmic Clinic, Mill Hill Lane.—

Total number of cases attended 1,998
Total number of attendances 2,902

Included in these figures are 21 cases which were referred from Child Welfare Centres.

Orthoptic Clinic.—

A general statement with regard to this clinic was made in the report for 1938. I am indebted to Miss J. McCabe, the Orthoptist in charge of the Department, for the following report:—

Number of cases dealt with during 1949 (including	
41 new cases)	166
CLASSIFICATION.	
Under observation and on waiting list for treatment	36
On preliminary treatment	31
On actual treatment	63
Refused, Left District, Unsuitable, etc	7
Discharged	29
	
Total number of attendances	1,327

During the year 16 cases received operative treatment.

Speech Therapy Clinic.—

Report by Miss S. H. North, Speech Therapist.

"Unfortunately, this has not been a complete year for speech work, owing to the absence of the Speech Therapist during September and October and for the whole of November and December. Also the clinics were closed for three weeks in August for the annual holiday—therefore seventeen weeks: out of the fifty-two saw the clinics at a standstill.

Except for the school holidays, when attendance was very poor, the general attendance has been very pleasing throughout the year, especially during the winter months when the number was surprisingly high. The summer months produced lower figures, due to important school examinations; and children having holidays during school term.

The children's standard of work was good, due to satisfactory co-operation: from school staffs and parents. It is found that in a few cases the parents: can cause a good deal of anxiety due to lack of initiative and intelligence:

in handling their children at home. Home visits have been made mainly to these parents in an endeavour to produce some kind of understanding for successful results in the Clinic. The circle of co-operation from home, school and speech clinic helps the speech defective child in every way, and also makes the Speech Therapist's work more satisfying.

In the Borough there are three distinct classifications for speech handicaps with, of course, minor variations—Stammerers, Speech Defectives (sound defects) and Cleft Palates. The incidence of the cleft palates, it will be noted, is quite high—five of these children are awaiting further operations, but the waiting list for the Plastic Surgeon is very long. These cases are making excellent progress although it is slow. It is found that, although cleft palate cases require a very long period of treatment, the confidence that is gained during that time increases greatly, which is most essential in organic cases of this nature.

The Speech Defective cases present a wide variety of sound defects, some mildly and some grossly defective—ages varying from five to fourteen, the majority of cases being below the age of ten. Progress here is good. With all speech defective cases and also cleft palate cases, work is given in a book every week, to be taken home and practised each day—whether this is carried out depends entirely on the child and the parent. Stress is always laid on this fact to parents who attend for first interviews with their children.

The Stammerers who are attending the Speech Clinic present very many varied pictures. Those who have been attending since the commencement of my appointment in Derby have latterly shown very promising improvements, especially emotionally, which affects their speech indirectly. It is always endeavoured to gain a suitable rapport with each child, however long it takes, before attempting to begin any serious form of treatment. The majority of the treatments are of an indirect psychological nature, with a great deal of importance attached to Relaxation. Again, this has to be carried out at home. Relaxation proves most successful with the older children, especially when school work increases. The older patients are encouraged as much as possible to develop their own ideas on stammering, and group discussions provide the Speech Therapist with further knowledge about each child. Many of the younger children prefer to attend in groups, but the older ones invariably prefer individual treatment, which is always arranged if time and space permit.

Of the total cases on record for the year, the number of patients includes 99 males and 52 females. The total number of cases on the waiting list at the end of the year numbered 48—it is regrettable that these children have to wait a considerable time before being admitted for treatment. To alleviate any anxiety, both the schools and parents of these children are informed of the present long waiting list, and told to contact the Speech Therapist if they feel the children are in urgent need of treatment.

It is regrettable that those children who are still under treatment when they leave school cannot continue treatment at an adult speech therapy department—I feel this is a very urgent need in the Borough for the future. The children at this age just begin to realise the meaning and importance of the treatment and if it could be continued, may offer a successful result. During the child's school life he knows he can depend on an adult for help and protection, and often he does not think about himself as an individual. But when school-leaving time appears his outlook on himself changes vastly and this is especially noticeable at the Speech Clinic. He begins to attach greater importance to his speech, especially if he has to be interviewed for a job. This is especially important to the stammerer—I think it is advisable for the treatment to continue if possible so that his first job can be made successful. It is rather distressing to feel that these children are "cast to the four winds" as soon as their school life ends, and one only hopes that they do not regress in any way. Stammering is caused by wrong thinking and not by a faulty speech mechanism—it appears to the layman to be the latter, but the initial cause for the obvious symptom is the mental anxiety. stammerer can be taught to make good contacts and feel that the "other" person is not obviously embarrassed, then a lot is being done to allay the anxiety. It is found that the layman's attitude to the stammerer is changing —it is more helpful because of his foresight to look for something else, other than the actual stammer. This outlook, especially for the stammering child, where trouble is taken to increase and encourage other interests, is most beneficial.

Again, for the physically handicapped speech defective child, i.e., cleft palates (with hare lip) and the cerebral palsy child, a continuation of treatment after school age can be said to be necessary.

Altogether, a greater interest is being taken in the School Medical Speech Therapy Department, and it is hoped that even more contacts will be made in 1950, so that Speech Therapy will not remain a little known subject."

Nu	mber of cases seen		151	Num	ber of	cases	dischar	ged	36
Nu	mber of Stammerers		52	Cure	d	• • •	•••	•••	17
Nu	mber of Speech Defects		85	Treat	tment	usele	ss	•••	8
Nu	mber of Cleft Palates		14	Lack	of a	ttenda	nce	• • •	5
				Left	schoo	ol or d	listrict	•••	6
	Number of cases unde	r o	bservatio	n at en	d of	year	•••	34	
	Number referred for S	Spec	ial Treat	ments	•••	• • •		15	
	Number of County cas	ses	•••	• • •	•••	•••	•••	7	
	Number of County ca	ses	actually	${\bf treated}$	•••	•••	•••	5	
	Number of Clinics hel	d	•••	•••	•••	•••	•••	311	
	Number of Home Visi	its	• • •	• • •	• • •	•••	•••	107	
	Number of School Vis	its	***	***	•••	•••	•••	46	
	Number of Attendance	es	•••	•••	•••	•••	•••	1,782	

Child Guidance Clinic.—

Report by Dr. T. A. Ratcliffe, Psychiatrist.

"During 1949, it has been possible to take further steps towards the completion of a full Child Guidance "team", without which it is impossible for a Child Guidance Clinic adequately to function.

By agreement with the Sheffield Regional Hospital Board, a Children's Psychiatrist, already under part-time contract as a Consultant Psychiatrist with the Board, was made available for two sessions per week at this Clinic. This arrangement began on 1st October, 1949. It is thus now possible, for the first time since the departure of Dr. Whiles, to arrange full clinical psychiatric investigation on each child referred to the Clinic, and to initiate appropriate long term treatment where necessary. During the last three months of the year, the Psychiatrist's time has been largely taken up with diagnostic interviews on children newly referred to the Clinic, but now that the back-log of new case material has been cleared, more active treatment will be possible. Owing, however, to the time-consuming nature, and long term requirements, of psychiatric treatment it is inevitable that a longer treatment waiting list will have to be accepted soon.

Miss E. S. Broughton, who had continued the difficult task of running the Clinic single-handed during the first nine months of the year, remains as Educational Psychologist. In this capacity she is not only responsible for the psychological testing of all children scen at the Clinic, but, by close liaison with Head Teachers, advice to parents and direct treatment with children, she is able to help greatly on the educational aspects of Child Guidance problems. Most of the administration and organisation of the Clinic service has also devolved on to Miss Broughton, and thanks are due to her for her most valuable and untiring efforts in this difficult task and for her always willing co-operation.

It is an accepted principle of Child Guidance that the child's home and social environment must be the subject of advice and change at the same time as the child himself is receiving help. For this reason, a Psychiatric Social Worker is an essential member of a Child Guidance team and her absence means not only limitation of the available service but the throwing of much additional work on the Psychiatrist and Educational Psychologist. Although the shortage of trained Psychiatric Social Workers remains acute, it is hoped that the now increasing facilities of this Clinic will enable us ultimately to attract a suitable applicant for this post. Even the best of social workers, if she is without psychiatric training or lengthy experience in the Child Guidance field, is limited in the help she can give to the social rather than the more important psychological problems of the home.

Very close contact is still being maintained with Dr. Morrison and with the work of the Remedial Teacher (Miss Gateley). We are grateful for the most valuable help and co-operation which they both give to the Clinic. To function at its best a Child Guidance Clinic must be a Community Service and it is hoped ultimately to build up as close a liaison as possible with all the other services which deal with the problems of child health and welfare.

The Clinic still suffers from its lack of whole-time clerical assistance and much professional time is at present wasted over purely routine administrative duties. With the increase of professional staff, and the probable future increase of clinical material, this problem will become even more acute in the near future.

It will be seen from the statistical tables, that the number of new cases and re-referrals has altered little from the 1948 figures. There is a slight increase in the number of Grammar School children seen, but the distribution as between other types of schools remains fairly constant. There has been a marked increase in the number of children referred direct by the Schools, by the parents on their own initiative and from the Juvenile Courts; we would regard all these as most valuable signs of an increasing awareness of the treatment needs of emotionally disturbed children.

It is noted that over 80% of the children seen at the Clinic are referred on account of educational or behaviour difficulties. These problems are of great importance, but it cannot be denied that they have also a great "nuisance value" and are thus more likely to be referred in the early stages. There is a real danger that many severe emotional disturbances in children, which do not often show themselves so openly, are being overlooked; such disturbed children are even more urgently in need of intensive Child Guidance Clinic treatment than is the more obviously "difficult" child.

In the early part of the year many children were of necessity referred for a single initial examination and report; this tendency is reflected in the high proportion of cases described in the subjoined tables as "Closed for other reasons." The impossibility of even re-surveying many of the cases seen during the early part of the year, owing to staff shortages, is reflected in the large number of children described as "unchanged." It is hoped that in subsequent reports it will be possible to show more clearly the effects of Child Guidance treatment and to "break down" into more detail the results of various types of disposal.

A Social worker was appointed in September but, owing to illness, her period of active work has been much curtailed and it is considered impracticable to include details of her work in the statistical tables.

During the year 92 students have visited the Clinic. Many of these students were teachers in training and it is felt that these visits, though involving considerable extra work for the Clinic staff, are of value in spreading Child Guidance ideas amongst those who have to deal with children.

TABLE 1.

New referrals	• •	• •	• •			 	95
Re-referrals	• •	• •		• •	• •	 	6

TABLE 2.

Types of Schools from which referred:

Pre-school		• •		 • •		 	1
Infants				 	• •	 	19
Juniors				 • •		 	35
Secondary			• •	 • •			30
Grammar				 			14
Not at sch	ool			 • •			9

TABLE 3.

$S\epsilon$	ources of r	referral:				
School Medical Officers .						17
Schools						48
Children's Homes						5
School Welfare						6
Speech Therapist						3
General Practitioners and	Hospitals					4
Parents						9
Education Department .	• •	• •				5
Probation Officers, Juveni	le Courts				• •	12
Other sources		• •	• •	• •	• •	2
TABLE 4.						
	asons for	rejerrai				
1	• • •	• •	• •	• •	• •	30
Behaviour problems .		• •	• •	• •		54
Emotional or personality	disturbanc	ces or n	eurosis		• •	11
Other reasons	• • •	• •	• •	• •	• •	6
TABLE 5.						
TABLE 5.	7 0.	7				
	Disposo	us:				
Under periodic survey .	•		• •	• •		43
Treatment commenced du	ring the y	year	• •		• •	7
Treatment waiting list .						4
Remedial teaching .						4
Transfer to Special School	/Occupati	onal Cer	itre rec	comme	nded	10
Advice to parents only .			• •	• •		14
No specific action/report	only issue	d	• •			17
Other disposals	• • • •	• •	• •			2
TABLE 6.						
Situation of case	material	at the en	nd of t	he year	:	
Improved						38
No change			• •			30
Cases closed for other rea				• •		33
						90

TABLE 7.

	Interviews by	Psychie	atrist	(October	to .	December	period	only).	•
	Diagnostic interv	iews		• •			• •		33
	Surveys					• •			3
	Treatment interv	iews		• •			• •		10
	Interviews with 1	parents				• •			32
	With others	• •	• •	• •		• •			4
	Visits to Children	's Hom	ies, e	te.					1
TA	BLE 8.	erviews	bu E	ducation	al F	Psychologis	st:		
	Test interviews					·			105
	Treatment interv			••		••	• •		191
	Home visits								96
	School visits								88
	Interviews with p	parents	and	others			• •		24 9
TA	BLE 9.								
			Reme	dial Tea	cher	:			
	Total number of	appoint	\mathbf{ment}	s		• •		• •	359

PROVISION OF MEALS.

13

The number of children on the Free Meal List is 481.

Number of children taught

CO-OPERATION OF PARENTS.

The number of parents who attended with their children for routine nedical inspection was as follows:—

	Totnl	Percentage in
Number.	Percentage.	Infant Group.
3,452	60.8%	85.6%

HANDICAPPED PUPILS.

PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES:—

Total	1 orai.		17.	152		118	_		146	441	
Daylontin	Epuepuc.		1	ئن		-	1	1	1	6	
31.1.3	Maladyusted.		I	1		-	l		1	m	
	Educationally Sub-normal.		13	17		108	I		112	19	-
	Physically Handicapped.		I	4.		64	1	l	6.1	114	
STOOTION	Delicate.		I	98		1.1	1	1	1	269	
מבייטבי זמ "ע	Partially Deaf.		1	∞		1.1	I	1		56	
TOT	Deaf.		П	1		16	1	1	16	-	1
	Partially Sighted.		Г	1		10	1	1	10		
ED OUE	Blind.		1	1		ا ت	1	1	က		1
PUPILS REQUIRING EDUCATION		In the calendar year:	A. Handicapped Pupils newly placed in Special Schools or Homes	B. Handicapped Pupi's newly ascertained as requiring education at Special Schools or boarding in Homes	On or about December 1st.	C. Number of Handicapped Pupils— (i) attending Special Schools as: Day Pupils Boarding Pupils	(ii) Boarded in Homes	(iii) attending Assisted Schools (under approved arrangements)	Total (C)	D. Number of Handicapped Pupils requiring places in Special Schools or Homes but remaining unplaced	E. Number of Handicapped Pupils receiving Home Tuition (including those also returned in 1)

Educationally Subnormal.

Notified	${\rm under}$	Section	57	(3),	Education	Act,	1944	•••	19
Notified	under	Section	57	(4),	Education	Act,	1944		Nil.
Notified	under	Section	57	(5),	Education	Act,	1944		6

Temple House Special School.

During 1949, 13 children were referred for examination regarding their admission to the School. All were certified as capable of receiving benefit from instruction in the Special School and were actually admitted.

Work of the Local Branch of the Central Association for Mental Welfare.

During the year, 40 visits were paid to homes of children who were either in or had left Temple House Special School.

Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

There are no centres for Higher Education or Vocational Training in Derby. Suitable cases requiring such training are sent to recognised institutions elsewhere.

NURSERY SCHOOLS AND CLASSES.

The total number of children examined at the various schools was 163.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 369 children were examined as to their fitness to undertake employment. All were certified fit.

THE WORK OF THE SCHOOL NURSES.

Five nurses are engaged on the work of the School Medical Services. In addition, four nurses are employed on half-time Health and half-time School Medical Services.

Home visits	•••	•••	•••	•••	• • •	•••	1,664
School visits	•••				• • •		85

lisits to Nursery Schools.

Number	of	visits	paid				•••	• • •	275
--------	----	--------	------	--	--	--	-----	-------	-----

Clinics. Sessions.

Minor Ailments, Specialist Clinics and Ultra Violet
Ray Clinics 2,514

VERMINOUS CONDITIONS.

Routine Inspections of all children for the ascertainment of uncleanliness are carried out in schools twice a year by the Authority's Cleansing Attendants. In addition, frequent visits to schools for re-inspection of children listed as infested at previous inspections are made. All children who are found to be infested with lice or who appear to be seriously infested with nits, and those showing fewer nits but appearing to be neglected, are listed for cleansing. The parents of those children who require cleansing are immediately served with a notice requiring them to present the children at the cleansing centre. Children found at subsequent inspections to be re-infested are again required to attend for cleansing, and the parents are warned that, in the event of a recurrence, court proceedings will be instituted. Proceedings were taken in 90 such cases in 1949. Parents of those children who are slightly infested receive a notice notifying them of the condition of the child's head and instructions with regard to cleansing. These children are then kept under periodic review until found to be clean.

Number of individual children cleansed	409
Number of sessions devoted to School Inspections	595
MISCELLANEOUS WORK.	
Medical examinations were also made as follows:—	
Teachers	24
Children for Approved Schools or Remand Homes	291
(including examinations carried out at Remand	
Homes)	
Children examined as to suitability for Boarding out	113
Children examined as to suitability for Adoption	8
Before proceeding to Woolley Moor Camp School	563
Before proceeding to Skegness Seaside Home	335
Before taking part in entertainments	46
Before taking part in School Journeys	58
Before proceeding to School Camp	212
Before admission or return to Institutions, Boarding	
School, etc	7
Before proceeding to Agricultural Camps	9

APPENDIX.

TABLE I.—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups—

	Entrants		•••	•••	•••	•••	•••	•••	2,245
	Second Age	Group)		•••		•••	• • •	1,657
	Third Age (Group	•••	•••	•••	•••	•••	•••	1,078
						Total	•••	•••	4,980
	Number of	other !	Periodi	c Insp	pections	•••	•••	•••	694
						Grand	Total	•••	5,674
		В	TO—.	HER	INSPE	CTION	S.		
Numb	er of Specia	l Inspe	ctions	•••		•••	•••	•••	5,506
Numb	er of Re-Ins	pection	ıs	•••	•••	•••	•••	•••	12,325
						Total	•••	•••	17,831

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment

(excluding Dental Diseases and Infestation with Vermin).

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA	Total individual pupils.
Entrants	11	609	618
Second Age Group	161	318	448
Third Age Group	130	1 8 5	289
Total (prescribed groups)	302	1,112	1,355
Other Periodic Inspections	_	183	183
GRAND TOTAL	302	1,295	1,538

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1949.

Periodic	Inspections.	SPECIAL IN	NSPECTIONS.		
No. o	f defects.	No. of defects.			
Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.		
120	87	3,212	88		
302	107	1,158	277		
181	60	307	67		
32	33	928	42		
32	23	118	31		
34	57	242	49		
10	35	320	33		
308	696	825	777		
16	68	131	86		
11	281	33	79		
24	122	33	169		
	255	231	316		
	28	5	23		
9	19	8	9		
63	88	84	122		
104	102	134	74		
105	271	334	300		
9	3	19	9		
10		21	79		
1	41	21	78		
	19	28	84		
900	592		1,260		
	No. o Requiring treatment. 120 302 181 32 34 10 308 16 11 24 150 3 9 63 104 165 9 10	Requiring treatment. be kept under observation, but not requiring treatment. 120 87 302 107 181 60 32 33 32 23 34 57 10 35 308 696 16 68 11 281 24 122 3 28 9 19 63 88 104 102 165 271 9 3 10 60 11 41 12 19 13 19 14 19 150 252	No. of defects. No. of defects. Requiring to be kept under observation, but not requiring treatment. Requiring treatment. 120 87 3,212 302 107 1,158 181 60 307 32 33 928 34 57 242 10 35 320 308 696 825 16 68 131 11 281 33 24 122 33 150 255 231 3 28 5 9 19 8 63 88 84 104 102 134 165 271 334 9 3 19 10 60 21 11 41 21 19 19 28 202 592 11103		

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils	A (God		B (Fa		C. (Poor).	
Age Groupe.	Inspected.	No.	%	No.	<u>%</u>	No.	_%_
Entrants	2,245	976	43.48	1,218	54.25	51	2.27
Second Age Group	. 1,657	734	44.30	902	54.43	21	1.27
Third Age Group	. 1,078	557	51.67	515	47.77	6	0.56
Other Periodie Inspections	. 694	299	43.09	382	55.04	13	1.87
Тотац	. 5,674	2,566	45.23	3,017	53.17	91	1.60

TABLE III. TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table V).

									Number of Defects
									treated, or under
									treatment during
									the year.
SED	v—								
	Ringworm—Scalp—							ļ	
	(i) X-Ray treat		•••	•••	•••	•••	•••		-
	(ii) Other treatn	nent		•••	•••	•••	•••		11
	Ringworm—Body	•••		• • •	•••		•••	•••	42
	Scabies	•••	•••	•••	•••	•••	•••	•••	98
	Impetigo	•••	•••	•••	•••	•••	•••		159
	Other skin diseases	•••	•••	•••	• • •	•••	•••		2,93 3
Eye	Disease	•••		•••	•••	•••	• • •	• • •	935
	(External and other,	but ex	celudii	ng erre	ors of	refract	ion, sc	luint	
	and cases admitted t	o hosp	ital).						
Ear	Defects	• • •	•••	•••		• • •	• • •		672
Misc	ellaneous (e.g. minor inj	uries,	bruise	s, sore	s, chil	blains,	etc.)		9,248
						Тот	AL		14,098
7									
Tota	al number of attendance	s at A	uthori	ity's n	ninor a	ilment	s clinic	s	44,791
			-						

GROUP II.—DEFECTIVE VISION AND SQUINT (exclude treated as Minor Ailments—Group I).	ling Eye Disease
EDDODS OF DEED ACTION (including conint)	No. of defects dealt with. 1,539
Other defect or disease of the eyes (excluding those recorded in Group I.)	1,009
Total	1,539
No. of Pupils for whom spectacles were (a) Prescribed	1,401
(b) Obtained	628
GROUP III.—TREATMENT OF DEFECTS OF NOSE A	AND THROAT. Total number treated.
Received operative treatment— (a) for adenoids and chronic tonsillitis	622
(b) for other nose and throat conditions	$\begin{matrix} 5 \\ 163 \end{matrix}$
Total	790
GROUP IV.—ORTHOPAEDIC AND POSTURAL	DEFECTS.
(a) No. treated as in-patients in hospitals or hospital schools	
(b) No. treated otherwise (e.g. in clinics or out-patient departments)	471 ———
GROUP V.—CHILD GUIDANCE TREATMENT AND SPE	ECH THERAPY.
No. of Pupils treated (a) under Child Guidance arrangements	101
(b) under Speech Therapy arrangements	112
TABLE IV.	
DENTAL INSPECTION AND TREATMENT	г.
(1) Number of Pupils inspected by the Authority's Dental Officers—	10.075
(a) Periodic age groups (b) Specials	18,075 60
(c) Total (Periodic and Specials)	18,135
2) Number found to require treatment	9,783
(3) Number actually treated	8,356
(4) Attendances made by Pupils for treatment	12,682
(5) Half-days devoted to: (a) Inspection (b) Treatment	132 1,736
Total (a) and (b)	1,868
(6) Fillings: Permanent Teeth Temporary Teeth	9.034 19
Total	9,053

Table IV.—continued

(7) I	Extractions:	Permanent Teetl		•••	•••	•••	1,781
		Temporary Teeth	1	•••	•••	•••	10,008
				Total	•••	•••	11,789
(8) A	dministration of gen	eral anæsthetics fo	r extra	ction		•••	6,083
(9)	Other Operations:	(a) Permanent I	eeth.	•••	•••		1,257
,	•	(b) Temporary T		•••	•••	•••	_
			Tota	l(a) ar	id (b)	•••	1,257
		TABL	E V				
		IABL	E V.				
	IN	FESTATION W	ITH V	VERM	IN.		
(i)	Total number of e nurses or other aut		schoo	ls by t	he sc	hool 	57,985
(ii)	Total number of in	dividual pupils four	nd to b	e infest	ed	•••	1,311
(iii)	Number of individua were issued (Section				ng not	ices	409
(iv)	Number of individua were issued (Section	al pupils in respect	of whom	n cleans 1944)	ing or	ders	409

IV—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Vaccination during 1949.

Age at 31st December, 1949 i.e., born in years		ler 1)49	1—4 1945-1948		5—14 1935-1944		15 or over before 1935		T^{ϵ}	otal
PRIMARY VACCINATIONS.	Dept.	G.P.'s	Dept.	G.P.'s	Dept.	G.P.'s	Dept.	G.P.'s	Dept.	G.P.'8
Result of Inspection.										
Typical Primary Vaccinia— Seventh—Tenth Day Accelerated (Vaccinoid) Re- action—	143	30	61	39	4	21	1	46	209	136
Fifth—Seventh Day Maximum Local Reaction— Second—Third Day	_	_ _	_	1	_ _	2	_ _	4		7
No Local Reaction	4	1	_	2	_			3	4	6
Totals	147	31	61	42	4	23	1	53	213	149
RE-VACCINATIONS.										
Result of Inspection.										
Typical Primary Vaccinia— Seventh—Tenth Day Accelerated (Vaccinoid)	_	_	_	_	_	_	_	23	_	23
Reaction— Fifth—Seventh Day	_	_	_	_	_	_	1	14	1	14
Maximum Local Reaction— Second—Third Day	_	_		_	_	2	1	12	1	14
No Local Reaction	_				_	1	_	6	_	7
Totals	_	_	_	-	_	3	2	55	2	58

After the National Health Service Act, 1946, came into force in July, 1948, the number of infants vaccinated fell to an alarmingly low figure and it was decided to offer and encourage vaccination at the Infant Welfares Centres.

It will be seen from the above table that over 80% of infant vaccinations in 1949 were done by Medical Officers of the Health Department and this is not unencouraging.

The total figure is nevertheless very small (only 6.8% of all infants under the age of 1), but it is hoped that the number of parents taking advantage of the facilities offered at the Welfare Centres will increase as they learn from one another how simple present day infant vaccination is.

Cases of Infectious Disease Notified during 1949

		Total Cases roitales ot	::	13 98	:	· en en	:	4	: - 3	:	51	52	330	1
ta.	uəpi	Non-Res	::	: : :	: T E	2 - 2	: :	:	: : -	:	1	:	28	
		Rowditch.	::	23.23	:::	: :	:	1	18	-	58	71 2	190	
		Ревт Ттее,	::	:07 25	<u> </u>	- :	:	ေ	::3	67	41	16 37	229	1
9		Osmaston.	- : :	. m 82	: : :		:	16	: :4	्य	8331	39	502 2	-
WARD	Γ.	Normanton	::	:40	: :			#	: :=	4	104		161	
HC		Litchurch		:40	::-	' : :	: ;	10	12:	_	102	.203	229 191	Ì
EAOH].b	King's Mea	::	. 61 9	: :	-	:	15	: : o	22	121	55	217	İ
Z	<u> '</u>	Friar Gate	::	16	: : :	: :	: :	1-	: : ∞	61		122	150	
I GE		Derwent.		: 62	::-	. co –	: :	1	18	4	<u> </u>	9 170	537	
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Ž	At	G-4	: :	22	: : :			কা	: 67		377	20 125	552	
CIVILIAN CASES		<u>4-8</u>		1::		٠٠ :		en :	: : 01		91 245 315 300 377	124	460	
OM		2-3		8 17	: : : 	: -	<u> </u>	<u> </u>	: : :	<u>:</u>	315	160	505	
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		At all	::	41 224	: -		:	116	182	27	6 1941 1	981	373]	
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		IFIA	ox t eria	tbran elas Fev	ral	o-Sp yelit Poli	ute Encep Lethargica	onia	ery	espin	ulmit 3 3	ng of	Totals .	
	;	NOTIFIA BLE	Smallpox Cholera Diphtheria (including	Membraneous Croup) Erysipelas Scarlet Fever Trophis Forer	Enteric Fever	Cerebro-Spinal Fever Poliomyelitis Acute Polio-Encenhalitis	Acute Encephalitis Lethargica	Pneumonia Malaria	Dysentery Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Ophthalmia Neonatorum Measles Dubili	*Chicken-pox	Tot	

COMMUNICABLE DISEASES.

Pneumonia.

Of the 116 cases which were notified during the year, 77 occurred during the winter months.

Nine cases, the majority in young adults and children, were stated to be influenzal in type and one case, a female aged 66, proved fatal.

There were six other deaths, chiefly of old people.

Influenza.

As in the previous year there was very little, but a few cases of a mild type occurred at the end of the year.

Home Nursing.

Trained nursing assistance for cases of Pneumonia was provided in 15 instances. For certain other cases the Works Welfare Nurses were in attendance.

Scarlet Fever.

224 cases were notified, six of which were subsequently cancelled. There was relatively little infection with few complications during the first nine months of the year (74 cases), but during the last quarter a minor epidemic commenced and 144 cases occurred. Complications were more frequent in these cases. It is possible that many more cases actually occurred, and it was noted that the closely related "Haemolytic Streptococcal throat" was very prevalent at the same time.

During the last twenty years, epidemics have occurred in Derby about every 6—7 years. The last epidemic occurred in the winter of 1943—4, and the rise in cases during the winter of 1949—50 was not unexpected.

99 cases were removed to hospital during the year, the majority of which were admitted because of lack of suitable accommodation for isolation at home.

Erysipelas.

41 cases were notified. The causative organism of this disease is, of course, closely related to Scarlet Fever and as was to be expected the number of cases increased as the epidemic of Scarlet Fever began. Nearly half of the cases notified during the year occurred in the last quarter.

Diphtheria.

For the second year in succession, no cases of Diphtheria have occurred in the Borough.

Diphtheria Prophylaxis.

As in previous years, clinics have been held at the Central Office, Child Welfare Centres, Day Nurseries and all Nursery, Primary and Junior Schools.

Number of sessions	•••	•••	•••	• • •	333
First attendance of cases	•••	•••	•••		2,246
Total number of attendances	•••	•••	•••	• • •	6,132
Average attendance per session		•••	•••	•••	18.4

The number of children under 5 years of age completing a full primary course of injections was 1,660. Number of children aged 5 to 14 years who completed a full primary course was 576. In addition, 1,165 children received single reinforcing doses to boost their immunity.

In addition to the above, 206 children under the age of 5 years and five between the ages of 5 and 14 years have been completely immunised by private practitioners, and 3 have been given reinforcing doses, all under the National Health Service Act, 1946.

Arrangements made between the Borough and Shardlow Rural District regarding inter-immunisation were successfully continued during the year.

Propaganda for Diphtheria Immunisation has been continued on the same lines as in previous years—advice by health visitors and medical officers—Birthday Reminder Cards, and circular letters distributed in schools.

At the end of the year the position with regard to the immunisation of Borough children under the Corporation scheme was:—

Age.	Under 1 year.	l year.	2 years.	3 years.	4 years.	Total under 5 years.	5–15 years.	Total under 15 years.
Number Immunised	30	1,279	1,692	1,463	1,299	5,763	16,644	22,407
	Age.		Under	5 years.	5-15	years.		otal 15 years.
Estimated Mid-y	zear Populat	ion, 1949	12	,540	18	,280	30,	820
Percentage Imm	unised	•••	4	5.96	9	1.05		

The percentage of school children immunised (91%) is considered to be very satisfactory and is not likely to be greatly exceeded in future years, but it is hoped to improve the numbers slightly by offering immunisation next year in all the private schools in the town as well as state schools.

The percentage of babies immunised (46%), although higher than last year, is not viewed with complacency, and every effort is being made to improve this figure.

Measles.

Measles in Derby, in the past, has occurred in epidemics every other year. There was a big epidemic in 1947 (2,593 cases) and it was then hoped that the Borough would be relatively free from the disease until 1949. However, contrary to expectation, the 1947 epidemic continued into 1948 (1,897 cases) and consequently the 1949 epidemic which reached its peak in the late Spring was smaller than it might otherwise have been. During the whole year, of the 1,941 cases notified (16 later cancelled), 1,363 occurred in the second quarter. There were no deaths.

Whooping Cough.

This disease was prevalent during the year and 981 cases were notified of which 16 were later cancelled. There were two deaths during the year, both infants under 12 months old.

There are many workers who now consider that the present Whooping Cough vaccines are of definite benefit, and immunisation has been offered at Infant Welfare Centres. More and more patients are requesting it at the same time as Diphtheria immunisation.

During the year, 340 children under five were immunised against Whooping Cough and it is hoped that this will reduce the severity of the disease.

Whooping Cough immunisation is now given as a routine to all children in the Day Nurseries.

Cerebro-Spinal Fever.

Six cases were notified, one of which was found to be Encephalitis following Measles and was cancelled. All the cases occurred in children under the age of five. There were three deaths, all in infants under the age of nine months.

Acute Poliomyelitis.

Five cases were notified, one of which proved to be Tuberculous Meningitis and was cancelled. One case was a stranger admitted to the City Hospital, and the other three lived in the Borough. Their ages were 1, 2, and 21 years.

Enteric Fever.

One case of para-typhoid fever was notified during the year. The patient was a stranger admitted to the Derbyshire Royal Infirmary with acute appendicitis.

Dysentery.

Only one case was notified, a male aged 40 admitted to the Derwent Hospital in January. In this case the diagnosis was made on clinical grounds only, no pathological organisms being isolated.

Food Poisoning.

No cases of Food Poisoning were brought to the notice of the Department during the year.

Gastro-Enteritis.

There were nine deaths in babies under one year of age during the year, all artificially fed. This was a slight improvement on the previous year when there were 14 deaths. Of the nine cases, only two occurred in the summer months.

Malaria.

No cases were notified during the year.

Ophthalmia Neonatorum.

Cases notified 6
Three of the cases were males and three females.

	Cases.						
Alatica-J	tified.		T7:-:	T7. •			
Notifiea.	At Home.	In Borough Hospitals.	Vision unimpaired.	$Vision \ impaired.$	Total Blindness.	Deaths.	
6	3	†3	6	_	_		

^{†—}In-patients of Nightingale Nursing Home (2); Children's Hospital (1). The number of cases notified was nine less than in 1948.

DERWENT HOSPITAL.

Detailed Analysis of Admissions and Discharges during 1949 (Borough only).

Disease.	Remaining 31 /12 /48	Admitted.	Discharged	Dead.	Remaining 31 /12 /49
Scarlet Fever	6	99	100	_	5
Diphtheria	1	-	1		_
Para-Typhoid Fever	<u> </u>	1	1 .		_
Typhoid Fever	1	_	1	_ 1	_
Cerebro-Spinal Fever	1	3	2	2	_
Acute Anterior Poliomyelitis	1	3	$\frac{1}{3}$	_	1
Erysipelas	_	13	13	-	_
Pneumonia (including Broncho)	_	4	1	3	_
Measles		51	51	_	_
Whooping Cough	3	57	59	1	_
Puerperal Pyrexia	_	1	1	_	_
Dysentery		ī	ī	_	
Chicken Pox	2	8	$\overline{9}$	_	1
Rubella		5	5	_	_
Pneumococcal Meningitis	_	$\overset{\circ}{2}$	$\frac{1}{2}$	_	
Tuberculous Meningitis	1	1	1	1	_
Lymphocytic Meningitis		1	1	_	
Choreo-meningitis		ī	1	_	_
Tonsillitis	_	6	$\overline{6}$		_
Quinsy	_	i	1	_	_
Naseo-pharyngitis	i —	ī	· 1		
Vincent's Angina	_	$\overline{2}$	$\ddot{2}$		_
Laryngitis		ī	ī		_
Infective Hepatitis		î -	ī	_	
Mumps	1	5	6		_
Erythema Multiforma		i	i	_	_
Gastro-enteritis	1	21	14	5	3
Enteritis	!	4	4	_	_
Bronchitis	! 1	_	_	1	_
Cellulitis		3	3	_	_
Encephalitis following Measles	_	1	1	_	_
Cancer	1	_	1	_	_
Influenza	_	4	4	- 1	_
Impetigo	_	4	4	_	
Pyloric Stenosis	_	1	1		_
Meningismus	_	1	1	_	
Cerebral Tumour	_	1	_	1	-11
Febrile Catarrh	_	1	1		
Heat Stroke	_	2	2		
Weil's Disease	_	1	1	<u> </u>	_
Septicæmia	_	1		1	—
Post Influenzal Debility	_	1	1	_	—
Cervical Adenitis	_	1	1		_
Glandular Fever		1	1	_	
Various	1	5	5	1	
TOTAL ALL DISEASES	21	322	317	16	10

Cancer.

The recorded deaths from various types of malignant disease show an increase in number as compared with 1948, viz., 256 (228).

The Table shows the deaths by age distribution:-

Age		-34 ars.	_	-44 ars.		-54 ars.		-64 ars.		-74 ars.		ars &			Ages.	
Site.	м.	F.	м.	F.	м.	F.	м.	F.	м.	F.	м.	F.	м.	F.	TOTAL	
Bnccal Cavity	_	_	_	_	_		2	_	1		3	_	6		6	
Uterus Stomach &	_	-	-		-	3		3	-	7	_	1	_	14	14	
Duodenum	_	_	3	_	3	1	7	-	7	4	6	4	26	9	35	
Breast	_	_	-	3	1	5	-	4	—	10	-	5	1	27	28	
All Others	†6	‡2	2	2	12	8	34	17	37	14	22	17	113	6 0	173	
Totals	†6	‡2	5	5	16	17	43	24	45	35	31	27	146	110	256	

^{†—}Includes 1 Male aged 18 years, 1 Male aged 23 years and 1 Male aged 24 years. ‡—Includes 1 Female aged 7 years.

VENEREAL DISEASES.

FORM V.D. (R). (1949).

RETURN relating to all persons who were treated at the Treatment Centre at Royal Infirmary, Derby, during the year ended 31st December, 1949.

	Syp		Gonor		*Ot		7	TOTALS	
	М.	F.	М.	F.	М.	F.	М.	F.	Totals
1. Number of patients on 1st January under treatment or observation	209	218	140	30	112	36	461	284	745
2. Number of patients removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	10	7	2	1		_	12	8	20
3. Number of patients dealt with for the first time during the year under report (exclusive of those under item 4) suffering from:— (a) Syphilis, primary (b) ,, secondary (c) , latent in 1st year of infection† (d) ,, cardio-vascular* (e) ,, of the nervous system* (f) ,, all other late or latent stages* (g) ,, congenital (under 1 year) (h) ,, (over 1 year) (i) Gonorrhæa (j) Chancroid (k) Lymphogranuloma inguinale (l) Granuloma venereum (m) Any other conditions requiring treatment (n) Conditions not requiring treatment (o) Conditions remaining undiagnosed	23 10 -4 4 16 1 2 	1 12 2 2 2 2 17 4 ——————————————————————————————————	128				23 10 — 4 4 16 1 2 128 2 — 2 2 —	1 12 2 2 2 2 17 4 25 — 77 100	24 22 6 6 6 153 2 — 331 312
4. Number of patients dealt with for the first time who have been transferred from other Centres (Civil or Service) or from practitioners approved under Ministry of Health Circular 2226	18		9	 1	3	1	30	4	34
TOTALS OF ITEMS 1, 2, 3 AND 4	297	267	279	57	583	214	1159	538	1697
5. Number of patients suffering from syphilis and gonorrhœa discharged after completion of treatment and final tests of cure, or who were diagnosed as "other conditions"	. 68	53	94	21	467	166	629	240	869
6. (a) Number of patients who ceased to attend before completion of treatment and were suffering from: (a) Acquired syphilis of less than 1 year's duration (b) Acquired syphilis of more than 1 year's duration (c) Congenital syphilis (under 1 year) (d) ,, ,, (over 1 year) (e) Gonorrhæa	6 1 1 1 -	2 2	 - - -		-		6 1 1 —	2 - 2	8 3 1 -2

		Syp	hilis.	Gono	rrhæa.		ther itions.	TOTALS		
		M.	F.	М.	F.	М.	F.	М.	F.	Totals
	b) Number of patients under treatment or observation known to have died:— (a) From syphilis (b) From treatment (c) From other causes	2	<u>-</u>	_ 	_ 	=		2	<u> </u>	2
(Number of patients suffering from:— a) Syphilis who defaulted after completion of treatment, but before final discharge b) Gonorrhæa who defaulted before 3 months c) Gonorrhæa who defaulted after 3 months	16 —	13 —	21 8		 - -		16 21 8	13 3 1	29 24 9
C	Number of patients transferred to other Centres or Institutions or to private practitioners	24	11	22	3	8	10	54	24	78
t	Number of patients remaining under reatment or observation on 31st December	179	185	134	27	108	38	421	250	671
t	TOTALS OF ITEMS 5, 6, 7 AND 9 (These otals should agree with those of Items , 2, 3 and 4)	297	267	279	57	583	214	1159	538	1697
t a f	Number of patients included in Item 6 who failed to complete one course of reatment of either penicillin or of usenic and bismuth and were suffering from: a) Acquired syphilis of less than 1 year's duration	3						3		3
(b) Acquired syphilis of more than 1 year's duration	1						1		1
	c) Congenital syphilis of less than 1 year's duration d) Congenital syphilis of more than 1 year's duration	1	_	_	_	_	_	1	_	1
	Number of attendances:— a) For individual attention by the	2097	2495	1492	225	2541	628	6130	3348	9478
(b) For intermediate treatment, e.g dressings, etc	620	461	405		1128		2153	567	2720
7	COTAL ATTENDANCES	2717	2956	1897	261	3669	698	8283	3915	12198

FORM V.D. (R).—continued.

			, ,	der ear.	l a una 5 ye	ler	5 a une 15 y	der		yea d ove		Tot	tals.
12.	Number of patients suffe congenital syphilis in Iter classified according to age	n 3 abov		F.	M. 1	F.	M. 	F	M.		F. 4	М. 3	F. 4
		Microse	copical.				Ser	um.		~	_		
13.	Pathological Work:—	For Syphilis.	For Gonor hæa	r-	'ultura		For yphilis.	Fo Gono hæe	rr-		nal id.	Oth	ers.
	 (a) Number of Specimens examined at, and by the Medical Officer of, the Treatment Centre (b) Number of Specimens from patients at the Treatment Centre sent to a pathological laborate 	97	1,670		_		_	_		_		9'	7
	ratory	_	_		_	2	2,565	23	0	7	7	-	1
			Sypi (less 1 ye	than	(n	Syph nore 1 yea	than	Gond	rrha	ea.	_	Other ditio	ns.
			M.	\overline{F} .	1	1.	F.	М.		F.	М.		F.
14.	Contacts attending for example through the agency of:—	nination											
	(a) Patients		2	1		2	2	_		8	9		9
	(b) Health Visitor or Socia	l Worker	1	_	_	_	2	_		1	3		6
	Totals		3	1		2	4	_		9	12		 lõ

FORM V.D. (R).—continued.

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings:— Number of cases from each area included under the following headings in Item 3:—	Derby Borough.	Derby County.	Staffs. County.	Leicester County.	Burton- on-Trent.	Notts. County.	Notts. Borough.	TOTAL.
Syphilis	4l	49	3	5	1	1	_	100
Gonorrhea	86	51	4	5	2	4	1	153
Other Conditions	273	325	7	26	6	4	4	645
Total	400	425	14	36	9	9	5	898

^{†—&}quot;Syphilis, latent in 1st year of infection" applies to cases presenting no clinical sign of syphilis but considered (by blood tests, etc.) to have contracted this disease within the preceding 12 months.

31st January, 1950.

(Signed) H. R. Morgan Richards, Medical Officer of the Treatment Centre.

^{*—}In order to avoid duplication, patients with cardio-vascular syphilis who are also suffering from syphilis of the nervous and/or other systems should be recorded as suffering from cardio-vascular syphilis alone.

V—TUBERCULOSIS.

Report by Dr. H. G. Grace, Chest Physician.

One result of the National Health Service has been to limit still further the number of sanatorium beds available for the treatment of Tuberculosis patients residing in the Borough. Formerly, the accommodation at the Borough Sanatorium (now the Derwent Hospital) was reserved wholly for the use of Borough patients, but it is now shared with patients from County areas. This has resulted in the creation of a substantial waiting list of Borough patients, both male and female, for sanatorium treatment. At the same time, the difficulties always present in preventing the spread of this disease have been further aggravated by the fact that many of these people are living in overcrowded homes under conditions which do not allow for the proper isolation of infectious patients.

Incidence.

Notifications.			Compared with
		1949.	1948.
Respiratory Tuberculosis	•••	187	164
Non-respiratory Tuberculosis	•••	27	37
		214	201
Deaths.			
Respiratory Tuberculosis	•••	71	58
Non-respiratory Tuberculosis	•••	11	13
			_
		82	71
			_

The number of primary notifications of pulmonary tuberculosis during 1949 shows a slight increase over 1948, though the total is still lower than it was in 1947. The 1949 figure includes 40 cases discovered by the Mass Miniature Radiography Unit which commenced work in Derby in June, 1949. Derby is in the peculiar position of having a large number of Displaced Persons placed in its midst and, during the year, 13 of these people were found to be suffering from pulmonary tuberculosis. This creates a minor social problem which has not yet been solved, for, when it becomes known that a person is suffering from tuberculosis, there is, apart from financial troubles, often difficulty in retaining lodgings, or again, following a stay in sanatorium for

treatment, similar difficulty in obtaining accommodation. The Night Sanatoria envisaged by the Minister of Health when Section 28 of the National Health Service Act, 1946, was framed would help considerably to meet this need.

Mortality.

The 71 deaths from pulmonary tuberculosis in 1949 (compared with 58 in 1948) is the highest total since 1943. The increasing preponderance of male deaths over female which has been observed over the last few years is still more marked in 1949, the ratio being over 3:1 for the first time. It is interesting to note also that only one of the 54 males who died from pulmonary tuberculosis during the year was under 25 years of age, and that 41 were over 35 years of age.

Housing.

With the increasing difficulty in securing the admission of Derby patients to sanatorium (mentioned earlier in these notes), the question of providing adequate housing accommodation for Tuberculosis patients assumes greater importance. In many cases coming to my notice, complete rest in bed at home is difficult to obtain, and proper isolation of an infectious patient impossible. I am not satisfied that a real priority for the rehousing of unsuitably housed Tuberculosis patients is recognised. Furthermore, in my opinion, the practice of using converted Army Huts for this purpose is to be deplored.

School Children.

During 1949, 483 school children (observation cases and "contacts") were examined at the Chest Centre. Of the 14 found to be tuberculous, 11 were suffering from pulmonary tuberculosis and three from other forms of tuberculosis.

Dental Treatment.

Special arrangements are made to provide dental treatment for certain patients suffering from pulmonary tuberculosis, and during the year 14 patients were referred to the Dental Officer, Mr. A. Stafford, for advice and treatment at the Derwent Hospital.

Health Visiting.

2,192 visits were made to patients' homes by the Health Visitors.

Register of Notifications.

	RE	SPIRATO	DRY.	NON-I	RESPIRA	TORY.	
	Males.	Females.	Total.	Males.	Females.	Total.	TOTAL CASES.
Number of cases of Tuberculosis remaining at 31/12/49 on the Register of Notifications kept by the Medical Officer of Health	420	291	711	63	67	130	841
Number of cases removed from the Register during the year by reason of:— 1. Withdrawal of notification 2. Recovery from the disease 3. Death (all causes) 4. Otherwise	12	1 3 17 22	1 15 71 30	- 3 5 1	1 1 6 -	1 4 11 1	2 19 82 31

Tuberculosis Notifications and Deaths.

AGE AND SEX INCIDENCE.

		New (Cases.*			Dec	iths.	
Age Periods.	Respi	ratory.	Non-res	piratory.	Respin	ratory.	Non-resp	oiratory.
	м.	F.	м.	F.	М.	F.	M.	F.
0— 1 years	_	_	-	1	_	-	_	1
1— 5 " …	2	4	-	1	-	-	1	-
5—10 "	1	1	2	1	_	-	-	1
10—15 " …	2	2	1	2	-	-	-	1
15—20 "	7	7	1	2	1	-	-	1
20-25 ,,	16	20	3	1	-	4	-	-
25—35 ,,	26	13	3	1	12	3	1	1
35—45 ,,	15	6	1	-	15	2	1	-
45—55 ,,	19	7	3	-	10	5	1	-
55—65 ,,	14	3	1	1	12	2	-	1
65 and upwards	7	1	1	1	4	1	1	-
Totals	109	64	16	11	54	17	5	6

^{*}New Cases.—Cases transferred to Derby during 1949 from other areas are not included.

Form T. 137 (Revised)

1949.

Public Health (Tuberculosis) Regulations, 1930.

PART 1.

Summary of notifications of Tuberculosis during the period from the 1st January, 1949, to the 31st December, 1949, in the County Borough of Derby.

					F	ORI	IAI	N	OTI	FIC	ATI	ON	S.	
	Nu	mbe	er of	Pri	imai	y N	otif	icati	ions	of l	Vew	Cas	es of	Tuberculos
AGE PERIODS	. 0-	1-	2-	5-	10-	15-	20-	25-	35-	45–	55-	65–	75-	Total (all ages).
Respiratory, Males		_	2	1	2	7	16	24	15	19	13	4	-	103
Respiratory, Females	. –	1	2	1	2	7	20	13	6	6	3	1	-	62
Non-Respiratory, Males		-	-	2	1	1	3	1	-	2	1	-		11
Non-Respiratory, Females	. –	-	1	1	2	2	1	-	-	-	-	1		8

PART II.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

	1		1														
Source of				-1		Nu:	MBE	R O	F C	ASES	IN	AG	E G	ROU	PS	1	
Information			0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	To	TAL
Death Returns	Respiratory	M	_	-		_		_	_	_	-	-	1	3	_	4	(A)
from Local	Ivospitatory	F	_		_	_		_	_	_	_	1	_	_	_	1	(B)
Registrars.	Non-Respiratory	М	-	_	_	-	_	-	-	-	1	1	_	-	-	2	(C)
	Non-Respiratory	F	-	_	-	-	-	_	_	1	_		1	-	-	2	(D)
Death Returns from	Respiratory	M	-	_	-	-	-	-	-	-		-	-	-	-	_	(A)
Registrar- General	Nospiratory	F	-	_	_	_	-	-	_	_	_	_	-	-	_	_	(B)
(transferable deaths).	Non-Respiratory	М	-	_		-	_	_	_	_	-	-	-	_	_		(C)
dodono,.	Non-respiratory	F	_	_	_	_	-	_	_	_	_	_	-	_	_	_	(D)
	Respiratory	М	_	_	-	-	-	_	_	2	_	_			-	2	(A).
Posthumous	Ivospiiawiy	F	-	-	-	_	-	-	_	_	-	_	-		-	_	(B):
Notifications.	Non-Respiratory	М	-		-	_	-	-	_	-	-	-	_	1	-	1	(C)
	Non-Itespiratory	F	1	-	_	-	-	-	-	_	-	_	-	_	_	l	(D)
"Transfers"	Respiratory	М	-	_	_	_	-	_	2	5	-	-	-	_	_	7	(A)
from other areas	Nespitatory	F	-	_	_	_	_		2	2	2	_	1	_	_	7	(B)
(excluding transferable	Non-Respiratory	M	_	_	_	_	-		-	-	-		_	_	_	_	(C)
deaths).	Non-Rospitatory	F	-	_	_	_	-		_	-	-	-	_	_	-	_	(D)
	Respiratory	M	_	_	_	_	-	-	-	-		_	_	_	-	_	(A).
Other		F	-	1	-	-	-	-	_	-	-	-	_	_		I	(B)
Sources.	Non Respiratory		-	-	-	_	-		_	2	-		-		-	2	(C)
	Non-Respiratory	\mathbf{F}	-1	-	-	-	-	-1	-	-	-	-1	1-	-	-	_	(D)

TOTALS	(A)		13
	(B)	••	9
	(C)	••	5
	(D)	• •	3

VI.-MENTAL HEALTH.

(I.) Administration.

- (a) All the functions of the Local Authority and the Local Health Authority under the Lunacy and Mental Treatment Acts, 1890—1930, the Mental Deficiency Acts, 1913—1938, and Section 51 of the National Health Service Act, 1946, stand referred to the Mental Welfare Sub-Committee, consisting of 10 members of the Health Committee, which meets monthly.
- (b) Mental Welfare is under the general supervision of the Medical Officer of Health.

The Medical Superintendent of the Kingsway Hospital and the Senior School Medical Officer are both approved by the Local Authority for the purpose of giving medical certificates under the Mental Deficiency Acts, 1913—1938.

The Mental Welfare Visitor, possessing a Social Science Diploma, has had two years' experience in training defectives in an institution and 17 years' experience in community care of mental defectives.

Occupation Centre Staff.—Supervisor—position vacant.

The Senior Assistant Supervisor, who has been acting as Supervisor for $2\frac{1}{2}$ years, and attended a Refresher Course in July, 1948, was enabled through the co-operation of the Medical Officer of Health, Nottingham, to spend three weeks at Roseberry House, Basford, undergoing a short but intensive training course.

The two Junior Assistant Supervisors left at the end of the year, one for family reasons, and the other to take up a similar appointment in the County. It was decided to fill the two vacant positions, and at a later date to appoint a fourth member of the staff, the aim being to have sufficient personnel for a Centre of rather more than 40 defectives. The four classes would be as follows:—

Senior girls under the Senior Assistant Supervisor; mixed babies class; mixed class of juniors; class of older boys.

The three Duly Authorised Officers appointed were formerly Relieving Officers under the Social Welfare Committee.

(c) The Mental Welfare Visitor supervises cases on licence from Stoke Park Colony, Whittington Hall, Farmfield Colony, Stretton Hall and Manor Hospital; Stallington Hall, however, where the Local Authority has a number of patients, employs its own Social Worker for placing cases on licence and visiting them.

Visits in connection with renewal of Orders under Section 11 and applications for holidays are paid on behalf of 21 institutions.

- (d) No duties are delegated to Voluntary Organisations, but the Derby Voluntary Association for Mental Welfare carries out duties as follows:
 - i. To supplement the duty of the Education Committee regarding the care of handicapped children by supplying the School Medical Officer with reports on home conditions as desired for the following categories of children:—
 - (a) Apparently subnormal or mentally defective children, not yet attending school, whose mental condition is under observation but not yet classified.
 - (b) Those in attendance at schools for educationally subnormal children.
 - ii. To make the work of the Occupation Centre known locally, and to provide recreational facilities for the children.
 - iii. To organise local lectures and talks to groups of people interested in Mental Welfare.

In connection with (ii) when a party of 20 children went to Rhyl, pocket money was supplied by the Voluntary Association; a sand or water trough was given by the Voluntary Association to the babies class.

With regard to (iii) for their Annual Meeting, the Voluntary Association was fortunate in obtaining as Speaker, Dr. K. O. Milner, Medical Superintendent of Aston Hall, who gave a most interesting talk on Delinquent Mental Defectives. The Secretary of the Voluntary Association gave talks on the work to a group of Old Age Pensioners, and to the Soroptimist Club of Derby during the year.

(e) One of the Duly Authorised Officers attended a residential course on Mental Health at the University of Sheffield, from 11th to 25th July, 1949.

(II.) Account of Work Undertaken in the Community.

(a) Under Section 28, National Health Service Act, 1946, Prevention, Care and After-care:—

Prevention.

The Duly Authorised Officers made 601 visits and dealt with 40 cases as follows:—

23 Neurotic and confusion cases with domestic difficulties:—

Following visits to each case and contact with employers and other officials, improvement in domestic relations was eventually brought about in all cases.

- 5 Males were found other employment.
- 1 Female was found other employment.
- 4 Persons were persuaded to undergo out-patient treatment.
- 1 Male with domestic difficulties persuaded to undergo general hospital treatment.
- 1 Boy aged 15 years out of all control, theft, etc., passed to this Department by Dr. J. W. Barbour:—

Persuaded to undergo farm training, now fully employed and conduct satisfactory.

1 Male subject to fits of violence after drink:-

Father promised control, no further outbreaks reported.

1 Female came to Derby to stay with sister. Had been voluntary patient in Radcliffe Mental Hospital. Left husband and three children in Nottingham:—

Sent to niece in Lincolnshire for one month's rest. After return to Derby was found employment in Manor Hospital laundry. Left after four months and returned to husband and family. Sister reports she has settled down well.

- 3 Elderly persons discharged by Justice under the Lunacy Act and admitted to Manor Hospital under Part III, National Assistance Act, 1948.
- 105 Patients are receiving regular visits for observation.

Care.

The Duly Authorised Officers dealt with 41 cases as follows:—

4 Cases living alone suffering under delusion of persecution by neighbours :-

Fully able to maintain themselves by employment, under constant supervision.

- 6 Cases persuaded to undergo voluntary treatment.
- 2 Cases discharged by Justice in care of relatives.
- 29 Mental patients:-

Claiming of wages, National Insurance, National Assistance, Disability Pensions and Retirement Pensions, the storing of personal property and communications with distant relatives on their behalf.

After-care.

The Duly Authorised Officers made 339 visits and dealt with 111 cases as follows:—

- 2 Females were sent to Convalescent Home.
- 18 Males were returned to regular employment.
 - 1 Female was returned to regular employment.
 - 4 Females were re-admitted to Mental Hospital.
 - 1 Male was re-admitted to Mental Hospital.
 - 7 Females were kept under constant supervision.
 5 Males were obtained other suitable employment.
 - 2 Females were obtained other suitable employment.
 - 1 Case ex-R.A.F. :-

13s. 6d. weekly pension obtained and £92 arrears.

70 Cases were visited at regular intervals.

(b) Under the Lunacy and Mental Treatment Acts, 1890-1930.

		LUNACY ACT, 1890.				•		REATMENT 1930.	
Section	···	20	21(1)	21(A)	16	4	1	5	TOTAL.
Under 16 years	M.	_	_	_	4			_	4
Onder to years	F.	_	_	_	_	_	_	_	_
16 to 25 years	M.	1	_	_	1	_	1	_	3
10 to 25 years	F.	2	1		3			2	8
25 to 35 years	M.	4	1		5		4	1	15
25 to 55 years	F.	9	3	_	10	-1	3	1	26
35 to 45 years	M.	13	2	_	11		3	_	29
35 to 45 years	F.	6			7	_	3	1	17
45 to 55	M.	8	_	_	8	_	_	_	16
45 to 55 years	F.	6	1	_	10		3	1	21
55 to 65 years	M.	2	-		5	_	4	1	12
55 to 65 years	F.	3	2		8	(2	1	16
CE to TE manua	M.	3			5		2	1	11
65 to 75 years	F.	1	_	_	10		1	1	13
75 40 95	M.	2	_	_	5	_		2	9
75 to 85 years	F.	_	_	_	_	_		-)	
Money	M.	33	3	_	44	_	14	5	99 200
TOTAL	F.	27	7		48		12	7	101

¹⁸ patients were removed from the Derbyshire Royal Infirmary, 10 of these being attempted suicide cases. (Five of the patients were non-residents).

Thanks are tendered to the Medical Superintendent, doctors, and staff of Kingsway Mental Hospital, also to the Magistrates, doctors and police for their help and co-operation in carrying out the difficult duties under the Lunacy and Mental Treatment Acts.

(c) Under the Mental Deficiency Acts, 1913-1938.

NUMBER OF ASCERTAINED MENTAL DEFECTIVES FOUND TO

- (i) ASCERTAINMENT, ETC.
- I. PARTICULARS OF MENTAL DEFECTIVES AS ON 1st JANUARY, 1950.

1.	NUMBER OF ASCERTAINED MENTAL DEFECTIVES FOUND TO BE "SUBJECT TO BE DEALT WITH": :—			
	(a) In Institutions (including cases on licence therefrom)—	М.	F.	T.
	(a) In Institutions (including cases on licence therefrom)— Under 16 years of age Aged 16 years and over	4 38	4 65	8 103
	(b) Under Guardianship (including cases on licence therefrom)—			
	Under 16 years of age Aged 16 years and over	6	7	13
	(c) In "places of safety"			
	(d) Under Statutory Supervision (excluding cases on licence)—			
	Under 16 years of age	$\begin{array}{c} 32 \\ 134 \end{array}$	$\begin{array}{c} 17 \\ 145 \end{array}$	$\begin{array}{c} 49 \\ 279 \end{array}$
	(e) Action not yet taken under any one of the above headings	_	-	
	Total ascertained cases found to be "subject to be dealt with"	214	238	452
	Number of cases included in (b) to (e) above awaiting removal to an Institution	5	2	7
2.	Number of mental defectives not at present "subject to be dealt with" but over whom some form of voluntary supervision is maintained:—			
	Under 16 years of age	60 51	43 76	103 127
	Total number of mental defectives (1) plus (2)	325	357	682
3.	Number of mental defectives receiving training:—			
	(a) In day-training centres—			
	Under 16 years of age	12	9 7	$\begin{array}{c} 21 \\ 7 \end{array}$
	(b) At home			
	Total	12	16	28

11.	PARTICULARS OF CASES REPORTED DURING THE YEAR	1949.	
1.	ASCERTAINMENT.		
	(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944)—	М.	F. $T.$
	(i) Under Section 57 (3)	11	6 17
	On leaving special schools On leaving ordinary schools	<u> </u>	$\begin{array}{ccc} 1 & 1 \\ 1 & 2 \end{array}$
	(b) Other ascertained defectives reported during 1949 and found		
	<u> </u>		
	TOTAL ASCERTAINED CASES FOUND TO BE "SUBJECT TO BE DEALT WITH" DURING THE YEAR	12	8 20
	(c) Other reported cases ascertained during 1949 who are not at present "subject to be dealt with"	4	3 7
	TOTAL NUMBER OF CASES REPORTED DURING THE YEAR	16	11 27
2.	DISPOSAL OF CASES REPORTED DURING THE YEAR.		
٠.		M.	F. $T.$
	(i) Admitted to Institutions	1	- 1
	(ii) Placed under Guardianship (iii) Taken to "places of safety"	_	
	(iv) Placed under Statutory Supervision	11	8 19
	(v) Died or removed from area (vi) Action not yet taken	_	
	<u> </u>		
	Total ascertained defectives found to be "subject to be dealt with" (to agree with total of 1 (a) and (b) above)	12	8 20
	(b) Cases not at present "subject to be dealt with"—		
	(i) Placed under Voluntary Supervision (ii) Later found not to be defective	4	3 7
	(iii) Died or removed from area	_	
	(iv) Action unnecessary	—	
	(v) Action not yet taken		
	TOTAL CASES NOT AT PRESENT "SUBJECT TO BE DEALT WITH" (to		
	agree with numbers of 1 (c) above)	4	3 7
<u> </u>	NUMBER OF MENTAL DEFECTIVES IN INSTITUTIONS UNDI CARE, INCLUDING VOLUNTARY SUPERVISION OR IN "PLAC ON 1ST JANUARY, 1950, WHO HAVE CEASED TO BE UNDER FORMS OF CARE DURING 1949.	ES OF	SAFETY"
	(a) Ceased to be under care	3	1 4
	(b) Died, removed from area, or lost sight of	14	9 23
	Тотац	17	10 27
IV.	OF THE TOTAL NUMBER OF MENTAL DEFECTIVES KNOWN	TO TI	HE LOCAL
	HEALTH AUTHORITY. (a) Number who have given birth to children during 1949— (i) After marriage (ii) While unmarried	1	
	M	ales.	Females.
	(b) Number who have married during 1949	2	3

(ii) GUARDIANSHIP.

In connection with the Ministry's circular 177/48, three courses were open to the Local Authority.

- 1. To continue as before, with patients under Order for Guardianship, and allowances paid by the Local Authority.
- 2. To have patients discharged from the Order, when allowances would be granted by the National Assistance Board, and some measure of voluntary supervision given by the Local Authority.
- 3. To keep patients under Guardianship Orders as before, but cease making payments, and arrange with the National Assistance Board to make allowances according to their scale.

With the wholehearted co-operation of the National Assistance Board, it was decided to adopt the third course, keeping the patients under Order, so that in cases of emergency such as the death of a Guardian, the Local Authority could vary the Order to institutional care without the delay which would otherwise be necessitated by certification. It was also felt that in most cases the regular visiting was helpful; the patients were shown they were not forgotten, and enjoyed re-unions at Christmas parties, and other social functions, with the Occupation Centre.

This decision has been amply justified, as is shown by the following examples:—

- 1. Father, who was the Statutory guardian, died suddenly and no relatives of the very low-grade youth could undertake the responsibility of his supervision and care. By the end of the day on which the father died, on account of the patient being certified, it was possible to place the patient on licence to the Superintendent of an Institution, and very soon after, the Order was varied from Guardianship to institutional care.
- 2. Arrangements were made for two Guardianship patients to have special dental treatment, one being detained in Hospital overnight.
- 3. Two girls under Guardianship joined the party which went from the Centre to the Holiday Home at Rhyl for a week, and they and all the other Guardianship patients were invited to attend the various Centre festivities at Christmas.

(iii) SUPERVISION.

Number of supervision visits paid by the Mental Welfare Vis	sitor	
to defectives in their homes	•••	519
Interviews held at the Mental Welfare Office	•••	265
Letters sent		411
Number of Certifications during the year		14
Visits to the Occupation Centre by Mental Welfare Visitor	•••	78

Two visits were also paid to Occupation Centres in Ilkeston and Nottingham. Other activities organised for the Occupation Centre were the visit to the Pantomime on the 16th February, for all except the youngest children. A party for those unable to go to the Pantomime was held on the 7th April.

On the 7th July, the Mental Welfare Visitor took a party of 20 children for a week's holiday to Bod Donwen Holiday Home, Rhyl. The National Association for Mental Health which organises the Holiday Homes for Defectives, was able to provide the Committee with a trained worker to assist with the children.

Two Christmas parties for Junior and Senior children at the Occupation centre, were also organised, and proved very popular, the favourite item being the puppet-show, given at the Senior party.

In connection with supervision, emergency temporary disposal of two defectives was arranged as follows:—

- 1. For a small imbecile boy whose mother was going into Hospital for a major operation, and whose relatives though perfectly willing to take his sisters, would not undertake the responsibility of looking after the defective.
- 2. For a low-grade girl over 21, whose father and stepmother were anxious to have a holiday together, the latter having found the care of the defective a very great strain.

Domestic work in a Private Girls' School, where she could live in, was found for a young woman who has no home or family of her own, and arrangements were also made for her summer holiday.

Throughout the year, close co-operation was maintained with the Children's Department, the School Clinic, and School for the Educationally sub-normal, the Employment Exchange and District Rehabilitation Officers, the Blind Welfare Department, the Juvenile Employment Department, the National Assistance Board, the Almoners of the Children's Hospital and Derbyshire Royal Infirmary, Health Visitors and other departments and organisations.

VII.—SOCIO-MEDICAL WORK

Report by Mr. R. L. Carabine, Almoner.

As anticipated in the report for 1948, the Authority's co-operation has been sought on an increasing scale, and the number of patients referred to the Almoner from Hospitals and General Practitioners rose by some two hundred per cent. The work has continued along the lines developed during 1948, with close co-operation being maintained between the Almoner, the Clinical Tuberculosis Officer, the hospitals, and health workers in general. Patients are referred from the hospitals shortly before discharge, and are visited at home by the Authority's worker who advises the patient on any problem and, where necessary, makes a report to the hospital.

It is one of the Almoner's functions to act as liaison officer between the doctor and his patient, often explaining the doctor's treatment to the patient, and assisting in that treatment by removing those difficulties which may hinder recovery. In this connection, it is pleasing to record the increase in the numbers of patients referred from the General Practitioner, for close co-operation with this doctor may offer the greatest scope for preventive social medicine. It has been found on numerous occasions that the patient referred for convalescence, etc., is also in need of further assistance. Frequently, it has proved necessary to interview relatives in order that they may be informed of the patient's needs, and the day-to-day relationship of family life adjusted accordingly. It has been possible to bring about a complete change in the patient's attitude to his problems, to persuade him to accept certain facts, and plan his life with these facts in mind. Occasionally, it is necessary to guard the patient against the mistake of making too much of his ills, and encourage him to seek healthier pastimes. These efforts have not always been successful, but the results do encourage the belief that much can be done by personal contact, the crux of the matter lying, of course, in the relationship established. The need for social therapy is most evident where a predisposition to worry may be playing an important part. The experience gained during 1949 accentuated disappointment, in that no prospect is offered for the opening of a Health Centre in the near future, for without these centres the Health Service is, as one writer has put it, "One Legged". From the socio-medical point of view, the Health Centre offers the facilities for easy contact with the General Practitioner, and the opportunity for co-operating closely with him.

It is not surprising that the Authority has been able to work closely with the hospitals, for they have long accepted the Almoner as a member of the hospital team, and all the evidence points to the fact that, given the conditions, the General Practitioner will welcome the Almoner's help, and likewise, find it valuable. This is not an unimportant point, for many of the patients thronging the doctor's surgery may well be suffering from social ills, real or imaginary, and any relief to the General Practitioner may ease the strain on hospital resources. An experimental Health Centre, possibly in converted, premises, opened at a modest cost, may offer instructive experience, and possibly effect some economy in the present cost of the health services.

Tuberculosis.

The Authority's scheme for the Care and After-Care of the Tuberculous, has now been in force since 1943, and the work during 1949 proceeded in the light of the experience gained during previous years. It is important that the Almoner should appreciate the Clinical Tuberculosis Officer's medical assessment and his plans for the treatment of the patient. Frequent consultation with Dr. Grace has enabled the Almoner to advise patients not only on their day-to-day problems, but also with plans for the future. The more optimistic person liable to anticipate an early cure, has often been guided into safe channels, whilst the patient in danger of giving way at the prospect of months in bed, has been encouraged to turn this period to his own advantage.

The National Assistance Board have given every co-operation, and close contact exists between the Board's Officers and the Almoner, each seeking the other's advice, as required. Lest this should appear too rosy a picture, it must be reported that the present National Assistance Tuberculosis Allowances are inadequate, and considering the long term nature of the disease, they require urgent revision. It is not sufficient that the Board are allowed to make grants to meet household emergencies. The Tuberculous patient is often faced with the need to seek aid for the replacement of small household utensils, and it becomes well nigh impossible for him to maintain a decent standard of living. There are far too many patients forced to appeal continuously for aid and, in common with the rest of the community, the great majority find their pride a stumbling block. The solution lies in the tying of the Tuberculosis Allowance to the cost of living, and a serious effort should be made to bring this about. This Authority has continued to grant free milk to patients in accordance with the scale approved by the Association of Municipal Corporations, and it would be of inestimable value if a more lenient scale could be introduced. These proposals would cost more, but might well prove wise economy, for due to earlier diagnosis the Tuberculous patient is becoming a sounder investment. Tuberculosis is inflieting heavy losses on the national economy, and any effort to shorten the period of treatment by raising the patient's living standard is surely well worth making.

Little progress was made in re-housing Tuberculous patients, and the figures given below are disappointing. It is perhaps worth repeating that every application for re-housing meets stringent medical and social investigation.

Rehabilitation continued to be fairly satisfactory, and the opening of the Ministry of Labour Rehabilitation Centres offered an excellent opportunity for conditioning the patient and restoring his confidence. It is worth noting that the Leicester Unit of the Ministry comment favourably on the Tuberculous patient and remark on his self-discipline and ability to face up to difficulties.

Co-operation with Voluntary Societies resulted in much valuable assistance, and the Anthority's thanks are due to the British Red Cross Society, the Family Welfare Association, the Soldiers', Sailors' and Airmen's Families Association, and the Personal Service League.

Housing.

No. of Patients awaiting re-housing at the end of 1948		4
No. of Patients recommended for re-housing during 1949		16
No. of Patients re-housed in—(a) Permanent Houses		0
(b) Army Type Huts		4
No. of Patients offered Army Huts and refusing offer		2
No. of Patients withdrawing applications		3
No. of Applications rejected by the Housing Committee	•••	1
No. of Patients still awaiting re-housing at the end of 1949		10

General Sickness.

The system adopted in 1948, whereby the Hospital Almoners contact the Authority regarding those patients requiring Care and After-Care worked satisfactorily throughout 1949. An easy understanding exists, with the hospitals advising on the patient's prognosis and special needs, etc., and the Authority reporting back any relevant information. Those patients suffering from cancer and gastrie disorders were referred most frequently. The cancer cases were, not surprisingly, largely those for whom further treatment held little hope, and the strain imposed on these patients and their relatives offered ample scope for social work.

The majority of patients requiring convalescence came from the General Practitioners, and the bulk of those suffering from nervous disorders were referred in this way. Contact was maintained with these patients after convalescence, and in many cases a change of employment was arranged. Convalescence was, on the whole, easier to arrange than had been anticipated. The numbers did not reach the figure expected, and the General Practitioners have been most careful in selecting eases. The Authority has reason to be grateful for this co-operation, for an undue number of recommendations may

well wreck the scheme and make the cost a prohibitive one. Convalescence: here is intended, and has been used, as a preventive measure.

Several patients have been referred by Health Workers, including the District Nurses, the Health Visitors and Duly Authorised Officers, and in many cases it has been possible to give considerable help. Special Cardiac beds and invalid wheel chairs have been purchased and loaned to patients, and these aids are of immense value to those who are suffering from paralysis. The effect on the patient's, and the relatives', outlook on life is remarkable, though little imagination is required to realise the difference these aids make. A man, aged thirty-eight, paralysed from the waist down, was provided with a folding indoor wheel chair, which allowed him to move easily from one room to another, and relieved his mother, aged seventy, of the necessity of struggling to move him. An advanced case of disseminated sclerosis was provided with a cardiac type of bed, and whilst this man is completely helpless, he is now able to sit in an upright position in reasonable comfort, with comparatively little effort on his mother's part.

Conclusion.

As previously remarked, the year was one of rapid expansion, and whilst the process has been a smooth one it would be unwise to claim complete success. There are several outstanding problems to be faced in the future, and amongst these the organisation of home helps for the tuberculous is likely to become a matter of urgency, in view of the increasing difficulty in obtaining admission to Sanatorium. However, after eighteen months' experience of the new scheme, it is possible to claim that it is well established and is playing an essential part in the field of preventive medicine.

The following particulars give the number of patients referred to the Almoner, the sources from which they were referred and some indication of the work carried out during 1949.

No. of Patients referred to Almoner.

Referred from		1949.	1948. (six months only).
Hospitals	•••	161	31
Chest Centre	•••	118	139
General Practitioners	•••	52	8
Health Workers	•••	21	5
Voluntary and Statutory			
Agencies	•••	11	3
Total	•••	363	186

These Patients were classifi	ed as	sufferin	g from	:		
Tuberculosis	• • •	•••	• • •	•••		131
Cancer	• • •	•••		• • •	•••	55
Gastric Disorders		•••	• • •	•••		33
Nervous Disorders	•••	•••	•••	•••	•••	19
Paraplegics and other	forms	of Par	alysis	•••		8
Disseminated Sclerosis				•••		4
Diabetes	•••	•••	• • •	•••		5
Cardiac Disorders		•••	•••	•••	•••	10
Raynaud's Disease	•••	•••	•••		•••	2
Venereal Disease	•••	•••	•••		• • •	9
Miscellaneous		•••		•••		87

Provision of Free Milk, Clothing, etc.

- 82 Patients were provided with free milk \(\gamma \) Cost to Authority, ,, ,, ,, cheap milk £627 6s. 9d. 26
- 11 Patients were provided with clothing at a cost of £21 14s. 8d.
- 21 Patients were loaned beds.
- ,, Cardiac beds. ,, Bed linen on the hire principle and where 11 necessary free of charge,
 - 7 Patients have been loaned Invalid Wheel Chairs at a cost of £93 0s. 0d.

Convalescence.

39 Patients were sent for convalescence at a cost of £338 18s. 6d. These were classified as following:-

Age :—	Under 20	20-29	30—39	40—49	50-65	65 and over.
Males	_	1	2	8	9	
Females	1	4	2	3	5	4

and were suffering from:-

Nervous Disorders	•••		•••		• • • •	13
Chest Conditions	•••	•••	•••	•••	•••	13
Gastric Disorders	• • •	•••	• • •	•••		3
General Medical and	Surgical	cond	litions		•••	7

Contact has been maintained with 22 patients previously in employment who were sent for convalescence and in March of 1950, they report as follows.

14 were able to resume employment following convalescence, and are still in employment.

Two commenced part time work and are still so employed.

Two report unable to resume employment—now to enter Ministry of Labour Rehabilitation Centres.

Four report unable to resume employment as they are still suffering from their original complaint. They are classified as suffering from:—

- 2 Chronic Bronchitis and Chest conditions.
- 2 Nervous Disorders.

In addition to the 39 patients sent for convalescence by the Authority, a further 12 were sent through the Hospitals on socio-medical grounds, and six through Voluntary Agencies.

Assistance through Statutory and Voluntary Agencies.

- 104 Patients were referred to the National Assistance Board for Tuberculosis Allowances and other financial assistance.
- 46 Patients were assisted through Voluntary Agencies, the help given ranging from a complete holiday for a family of four to providing occupational! therapy materials for the long-term sick.

Rehabilitation.

- 13 Patients suffering from Tuberculosis, three suffering from Chest conditions and three from Gastric Ulcers were assisted to return to full-time employment.
- 15 Tuberculosis patients were registered under the Disabled Persons. Act, 1944.

Eight Tuberculosis patients were recommended for admission to the Ministry of Labour Rehabilitation Centre, and applications for training courses were made for a further four patients, three of these being made to the Ministry of Labour and one to the Juvenile Employment Officer.

One Tuberculosis patient obtained a grant from the Local Authority Education Department, towards the cost of his further education.

The Welfere Officers carried out a number of duties as follows:—Eight cases were recommended for the services of a Home Help.

30 cases were recommended for the services of a District Nurse.

979 visits to homes were made to ascertain suitability for Hospital care for expectant mothers.

422 visits to homes were made to ascertain suitability for Hospital care for Chronic Sick.

VIII.—MISCELLANEOUS

Home Nursing.

The Home Nursing Service continued as an agency by the Royal Derby and Derbyshire Nursing Association under the control of the Medical Officer of Health. During 1949, cases were attended as under:—

Number of cases on register at 31st December, 1948 178
New cases during the year 1,218
Total number of cases attended during the year 1,396
This number was made up as follows:—
(a) Various medical 45 1
(b) Various surgical 219
(c) Senility 190
(d) Preparation for X-ray 108
(e) Seizures 86
(f) Carcinoma—Medical 41
Surgical 36 77
(g) Tuberculosis 23
(h) Pneumonia 15
(i) Midwifery complications 14
(j) Miscarriages 14
(k) Discharging Eyes 12
(l) Inflamed or abscess of breast 8
(m) Last Office 1
(Nursing care not having been given prior to death)
Total number of visits during the year 41,060

A quantity of home nursing equipment is kept in stock at the Central Office and the Royal Nursing Institution and is issued on loan at the request of nurses, doctors or relatives, no charge being made provided the equipment is returned intact. The British Red Cross Society assist with items temporarily out of stock or when the Local Authority is unable to supply the item requested.

At the end of the year, 56 elderly people were being visited once or twice weekly for bathing and, as mentioned previously, while this service should be available to them, this work takes up a considerable part of the time which the trained staff could devote to the nursing of medical and surgical cases.

It is apparent from the total number of visits—41,060, compared with 7,880 in the first half of 1948 and 15,982 in the second half of that year, that the heavy demand for the Nursing Service has not only continued but has increased somewhat. It remains to be seen at what level the demand will be satisfied effectively.

Home and Domestic Helps.

There has been a large increase in the number of applications for this Service, compared with 1948.

During the year, 520 applications were received, compared with 170 during 1948.

Details are as follows:-

	9	ded.	A	ssessed	at	93	Asses	Assessed at	
	No. of applications received.	No. of cases attended.	Full Fee.	Reduced Fee.	Free.	No. of applications withdrawn.	Full Fee.	Reduced Fee.	
Home Helps—Maternity	166	110	8	102	_	56	17	32	
Domestic Helps— Illness	160	152	32	116	4	8	1	7	
Tuberculosis	11	11	_	11	_	-	_	_	
Aged and Blind	183	183	4	160	19	_	-	_	

The detailed comparison with 1948 is as follows:-

		Applications Received.	Applications Withdrawn.	Full Fee Charged.	Reduced Fee Charged.	No Charge Made.
1948		170	38	5	125	2
1949	•••	52 0	64	44	389	23

In establishing the requirements and the duration of each case, 854 visits were made by the Supervisor.

The charges for Domestic Help are made according to Ministry of Health Circular 110/46 and for Home Helps according to Scale 'B' which are slightly higher, though a reduction is made in cases of illness of more than three weeks' duration.

The number of Home Helps necessary to continue the Service efficiently has been increased from 33 to 56, and of these, five are full-time and 51 part-time. The approximate number of three-hourly visits paid by Domestic Helps was 4,817.

In general, the increase in the number of applications has been composed of aged and blind persons and convalescent cases discharged from hospital.

Blind Welfare.

Number of Blind Persons on register at 31st December, 1948	3	211
New patients added to register during 1949	42	
Transfers in to the Borough from other areas	2	
Number of Blind Persons reported as having died	23	
Transfers out of the Borough to other areas	7	

Number of Blind Persons on register at 31st December, 1949 ... 225 Number of children of school age included in above 3

The Local Authority employs two Visitors and Teachers of the Blind, both holding the qualifications of the Association of Colleges for Teachers of the Blind.

Every effort is made to discover and assist any new cases of blindness. Home visiting and practical help is given to all blind persons known to us and residing within the Borough. Social amenities are made known and used whenever possible. Extra attention is given to the Deaf-Blind and any who may be suffering from some other form of handicap the nature of which is such as to increase the disability of blindness. For a small charge a Home Help is provided where necessary. Arrangements are also made for the provision, licensing and maintenance of wireless sets, and also the provision of Dog Licences and Omnibus Passes.

Each Tuesday and Thursday afternoon is devoted to work at the Sociall Centre, Guildhall, Market Place, where instruction is given in pastimer occupations, or a game of dominoes, cards or draughts may be enjoyed.

Teaching of the following subjects and handicrafts is carried out by the Staff: Braille reading and writing, Moon reading, sea-grass seating, rush seating, cane seating, rug making, hand knitting, bead work, chain ball craft, etc.

Theatre parties and amateur shows are arranged throughout the year. Rambles into the country and motor coach outings are arranged throughout the summer. The two most important events of the year are the Annual Outing and Christmas Party which are provided by the Local Authority.

Registration of blind persons is carried out through the medium of a private Eye Clinic, which is arranged once monthly in conjunction with the Ophthalmologist, and which is in accordance with the Ministry of Health requirements, Form B.D. 8 being completed in all cases. In the case of bedridden patients, and others so physically handicapped as to be unable to attend the clinic in person, arrangements are made for the Ophthalmologist to visit them in their homes.

The many demands in the field of Blind Welfare seem to be ever increasing, and some of our duties must be left with seemingly insufficient attention, but we are, nevertheless, happy to report that despite the many office and routine tasks which must be carried out, we were able to make some 1,200 visits. This figure includes visits to blind persons in their homes, visits to various hospitals and numerous appointments with doctors and dentists on behalf of blind persons.

Section 47, National Assistance Act, 1948.

No cases were dealt with under the provisions of this section.

Ambulance Service.

With the coming into operation of the National Health Service Act, 1946, little charge was made in the ambulance arrangements within the Borough, as a Central Ambulance Service was already organised.

This service provides ambulances, or cars if desirable and suitable, for all purposes—accident, maternity and illness, both physical and mental—day and night, calls being made to a Central Depot. No voluntary ambulance services operate within the Borough, other than works ambulances.

The Central Ambulance Service has been delegated by the Health Committee to the Transport, etc., Committee for day to day management, the Transport Manager being the Transport (Ambulance) Manager controlling the service with an Ambulance Supervisor, 23 Driver-Attendants and a Clerk-Telephonist to staff the service at present.

Details of the service provided during 1949 are shown below:-

					AMBULANCES.	CARS.
Number of Vehicles at 31st Dece	mber		•••		13	5
Total number of journeys	•••	•••		•••	8,659	12,322
Number of Patients Carried			•••	•••	15,577	20,363
Number of Accident and other included in Total above	Emer		Journe 	ys	1,015	_
Total Mileage	•••	•••			94,731	146,276

IX.—SANITARY CIRCUMSTANCES AND FOOD INSPECTION

BY

MR. S. PRIME, CHIEF SANITARY INSPECTOR.

SANITARY INSPECTION OF THE TOWN.

The number of complaints received and investigated during the year was 1,605, chiefly relating to housing disrepair.

INSPECTIONS AND NOTICES. Informal and Statutory Action.

During the year, 1,840 Preliminary and 354 Statutory Notices were served! under the provisions of the Public Health Act upon owners, agents and tenants, requiring the repair of dwellings, drains, sanitary conveniences, etc., and the abatement of nuisances.

Visits and Remedies.

During the year, 10,281 visits were made under the Public Health Acts, or Local Acts, and 29 under the Housing Acts.

Particulars of the work that has been carried out in compliance with the requirements of either Preliminary or Statutory Notices under the provisions of the Public Health Act are contained in the following table:—

Dwelling Houses-

Roofs	•••	•••	• • •	Repaired	• • •	•••	•••	218
Eavesgutte	rs and	rainw	vater	Provided	•••	•••	•••	8
pipes.				Renewed	•••	•••	•••	41
				Repaired	•••	• • •	•••	97
				Cleansed	•••	•••	•••	5
Walls	•••	•••	• • •	Repaired	•••	•••	•••	20
Plaster	•••	• • •	• • •	Ceilings and	walls	repaired		193
Floors		•••	•••	Repaired	•••	•••		37
Stairs	•••	• • •	•••	Repaired	•••	•••	• • •	2
Firegrates	•••		•••	Repaired or	renew	ed		41

Windows	•••	• • •	Repaired or rener	wed		85
Water supply		•••	Town supply pro	vided	• • •	8
			Fittings repaired	or renewed	ł	6
Sinks	•••		Provided		• • •	4
			Renewed	•••	•••	3
Wastepipes	•••	• • •	Repaired	•••	•••	19
Drains	•••	•••	Provided	•••	•••	18
			Reconstructed	• •••	•••	27
			Repaired	• •••	•••	5
			Cleansed		•••	230
			Manholes provide	d	•••	15
			Soil pipes renewed	l or repaire	ed	3
			Ventilation shaft	s renewed	or	
			repaired			3
Water closets	•••		Additional provid	led	•••	15
			W.C. structure re	built		33
			W.C. structure re	epaired	•••	11
			Fittings repaired	-		100
Paving	•••	•••	Yard paving repa		•••	14
Dust bins	•••	•••	Provided	• •••	•••	683
Offensive accur	mulations		Removed	• •••		2
Nuisances from	the keer	oing	of animals abated	•••	•••	1
Other nuisance					•••	82

HOUSING.

A brief survey was made during the year of the older existing houses in the town, mostly of the four-roomed type, to obtain information of the approximate number of unfit dwellings and also the extent of overcrowding.

The survey revealed that there are about 2,430 houses which are obsolete in design and not sufficiently structurally sound to be considered suitable for reconditioning. No doubt in the majority of cases they will be the subject of representation under the Housing Acts when the problem of the shortage of houses has been solved.

The position with regard to overcrowding in these houses is summarised as follows:—

Number of houses	overcrowded, within the	meaning of the
Housing Acts,	containing one family	74
Number of houses	overcrowded, within the	meaning of the
Housing Acts, of	owing to the presence of lo	odger families 37

Number of houses containing two or more families	330
Number of sub-tenant families whose names are on the	
Corporation Housing waiting list	238
Number of sub-tenant families who have not made application	
for a Corporation House	117

The number of houses available for re-housing families from uninhabitable houses is naturally still very limited, but as a result of the allocation of a small number by the Housing Committee for this purpose, the Health (Sanitary) Sub Committee have been able to deal with a number of individual unfit: houses which were also considered to be structurally dangerous and in 193 instances Demolition Orders were made and 17 families have been re-housed.

Re-conditioning.

Town Improvements

Operations under the repair sections of the Housing Acts have almost: been suspended, owing to the concentration of building resources on the provision of new houses, and also the very high cost of repairs, consequently, our policy has been to use the provisions of the Public Health Act for all lurgent and necessary works.

Six houses were, however, rendered fit under Section 9 of the Act by the Local Authority in default of the owners.

The report as contributed by the Estates and Housing Director on Houses erected during the year 1949, January—December, is as follows:—

Number of New Houses erected during the Year 1949. Total including numbers given separately at (b):— By the Local Authority 378 By other Local Authorities 2.By other bodies and persons ... 22 (b) With State Assistance under the Housing Acts:-By the Local Authority 378For the purpose of Part II of the Act of 1925 ... For the purpose of Part III of the Act of 1925... 378 For other purposes (c) By other bodies or persons 2. Houses Allocated during the Year for the following purposes. Condemned individual unfit houses 16 Overcrowding 6 Tuberculosis...

SANITARY ACCOMMODATION.

Every house within the Borough is provided with separate water closet accommodation, with the exception of eleven, where either a sewer is not available or it is at a level which makes it impossible for a drain to be connected

COMMON LODGING HOUSES.

Number	on Register	••	•••	• • •	•••	•••	• • •	3
Number	of rooms registere	ed for	sleep	oing	•••	•••	•••	35
Number	of lodgers provid	ed for	•	•••	• • •	• • •		280

The decreasing requirement in the town during the past few years for this class of lodgings, has resulted in our old, verminous and insanitary lodging houses gradually going out of existence, and we are now left with three good modern establishments. Two of these are well equipped hostels, owned and controlled by the Church Army and the Salvation Army.

HOUSES LET IN LODGINGS.

It is well known that a number of large houses are being let off as furnished apartments, but when the housing shortage has been overcome we hope to do something practical to improve the unsatisfactory conditions under which clodgers are now accommodated in these "farmed" houses.

VERMINOUS PERSONS AND PREMISES.

The disinfestation of verminous premises has continued throughout the year. Suitable eradicative treatment was carried out in 144 privately owned houses and in three Corporation houses. No charges are made by the Corporation for this service.

In addition, seven persons and their clothing were freed from vermin at the Disinfesting Centre.

OFFENSIVE TRADES.

The number of offensive trades carried on within the Borough is eleven, registered as follows:—

Fat Extractor	•••	•••	•••	•••	• • •	1
Fat Melter	•••	•••	•••	•••	•••	1
Fellmonger			•••	•••	• • •	1
Gut Scraper	•••	•••	•••	• • •	•••	1
Rag and Bone	Dealer	•••	• • •	•••	•••	4
Soap Boiler	•••	•••	• • •	•••	•••	1
Tripe Boiler	•••	• • •	•••	• • •	• • •	2

These trades, with one exception, were conducted with very little nuisance. The instance referred to is one in which offensive fumes were emitted from a factory where condemned meats are processed. Suggestions made by this Department to eliminate the fumes included the installation of a fume washing unit and the provision of an additional water supply to increase the pressure which was very low. These remedial works were carried out and it is felt that they will minimise the nuisance.

ATMOSPHERIC POLLUTION.

A considerable amount of time has been devoted during the year to the investigation of atmospheric pollution, and good progress has been made on a steadily increasing scale towards the elimination of excessive emissions of smoke.

Generally speaking, we have received the full co-operation of the various manufacturers in the town in dealing with the problem of excessive smoke, which in many cases is associated with poor quality fuel, faulty stoking and over-loaded boiler plants.

The following is a summary of the results which have been achieved:-

27 1 11 1 1 1 1		
New boilers installed	• • •	1
Mechanical stokers installed	•••	5
Methods of firing improved	•••	11
Economiser installed	•••	1
New flues and chimney stacks built	• • •	l
Chimney stacks raised	•••	5
Electric photo-cell alarm and recorders insta	lled	
to warn of excessive smoke emission	• • •	9
Grit arresters fitted over cupolas	•••	6
Cyclonic type of grit arrester installed		1

We are co-operating with the Department of Scientific and Industrial! Research by maintaining four deposit gauges at different sites in the town, and the results obtained are sent to that Department each month.

The measurement of the extent of pollution is shown in the following table:—

			Š	Summary of		servati	ons for	the Y	ear 1949	(com	Observations for the Year 1949 (commencing April).	April				1
	DI	ERWENT	Derwent Hospital			SIN	SINFIN			Овма	Osmaston		CENTE	tat Por	CENTRAL POLICE STATION	ON
77		Month	Monthly Deposit in Tons per Square Mile	n Tons		Month	Monthly Deposit in Tons per Square Mile	n Tons	Desiretall	Month	Monthly Deposit in Tons per Square Mile	in Tons	Dainfall	Monthl	Monthly Deposit in Tons per Square Mile	n Tons ile
onen	rainjau in Inches	Total Soluble Matter	Total Insoluble Matter	Total Solids	Rainfau in Inches	Total Soluble Matter	Total Insoluble Matter	Total Solids	namjan in Inches	Total Soluble Matter	Total Insoluble Matter	Total Solids		Total Soluble Matter	Total Insoluble Matter	Total Solids
April	1.99	5.93	5.45	11.38	2.08	7.56	8.27	15.83	2.16	24.93	51.13	76.06	2.28	9.15	17.26	26.41
Мау	2,42	5.92	8.30	14.22	2.32	6.88	15.31	22.19	2.32	12.26	47.87	60.13	2.06	7.70	19.71	27.41
June	0.41	2.00	4.98	6.98	0:30	2.79	16.16	18.95	0.44	5.93	25.57	31.50	0.43	1.54	14.20	18.74
July	3.24	6.29	6.71	13.00	3.19	7.42	12.56	19.98	3.15	7.75	25.61	33.36	3.37	6.12	16.82	22.94
August	1.95	4.20	6.43	10.63	1.44	4.94	12.69	17.63	1.80	10.68	41.24	51.92	1.87	7.22	14.34	21.56
September	1.57	2.54	4.50	7.04	1.80	4.19	9.49	13.68	1.81	10.11	40.77	50.88	1.78	5.75	12.48	18.23
October	3.87	7.18	6.33	13.51	3.96	6.67	15,55	22.22	3.87	21.22	08.80	88.02	4.24	11.87	18.60	30.47
November	2.60	6.27	6.77	13.04	2.99	5.82	17.43	23.25	2.91	14.91	64.59	79.50	3.11	9.25	14.41	23.66
December	1 67	7.05	0.38	16.43	1 68	6.88	19.66	19 54	1 74	14.35	90 10	104 45	2.29	7 29	16.54	23.83

It will be noticed that the deposit at the Osmaston site is very much heavier than that of the other sites. This site, however, is close to the main railway line in the vicinity of extensive industrial works, including several foundries, and we believe a large contributory factor to the heavy deposit is the density of smoke and grit discharged by railway engines as they start on their journeys from the station and sidings.

At the invitation of the Health Committee, the Inspector of Alkali, etc., Works, Ministry of Health, has made several visits to the foundries in the area concerned, and he was of the opinion that all reasonable steps had been taken to prevent grit and dust nuisances, and that such inconvenience as was experienced by nearby residents was unavoidable.

FACTORIES ACT, 1937.

There are 605 mechanical and 94 non-mechanical factories, including; bakehouses, at present on the Register.

A summary of the particulars in compliance with Section 128 of the Act is shown in the following tables:—

Inspections.—Inspections made by Sanitary Inspectors.

Premises		Number of	
Fremises	Inspections	Written Notices	Prosecutions
Factories without mechanical power	32	2	
Factories with mechanical power	201	26	_
Other premises under the Act (including works of building and engineering construction but not including out-workers' premises)			-
T'OTAL	233	28	-

Defects Found.

		Number o	of Defects		Number
Particulars			Refe	rred	of Prosecutions
	Found	Remedied	$To \ H.M. \ Insp.$	By H.M. $Insp.$	Frosecutions
Want of cleanliness	_	2	_	2	_
Overcrowding	_	_ :	_	-	-
Unreasonable temperature	_	_		—	—
Inadequate ventilation	_	_	-		-
Ineffective drainage of floors Sanitary Conveniences—	_	_	_	—	~
(a) insufficient	29	26	_		_
(b) unsuitable or defective	345	306	_	2	-
(c) not separate for sexes	2	2	—		-
Other offences against the Act (not including offences relating to out-					
work)	39	28	_	2	_
Total	415	364	-	6	_

SHOPS ACT, 1934.

Four hundred and eleven inspections of shops were made during the year concerning the administration of the provisions of Section 10 of the Act, which relates to ventilation and temperature of shops and to sanitary conveniences.

The following statement shows the work that has been	en do	ne :
Washing facilities provided	•••	17
Instantaneous water heaters provided		33
Facilities provided for maintaining a reasonal	ole	
temperature	•••	3
Additional sanitary conveniences provided	•••	6
Sanitary conveniences repaired and put into	a	
satisfactory condition		9
Sanitary conveniences cleansed	•••	27
Other infringements remedied	•••	22

Legal Proceedings.

No legal proceedings have been taken during the year.

SEWERAGE.

The following information is supplied by Mr. M. L. Francis, Borough Engineer and Surveyor:—

Apart from replacing the pumping unit at the Sinfin School with entirely new equipment, no outstanding works have been undertaken during 1949.

New Sewers	s laid during	g the	year.						
Stores	Road (Foul	Sew	er)	•••	•••	• • •	•••	42 y	ards.
Alfreto	n Road (Su	rface	Water S	ewer)	• • •	•••	•••	5 0	,,
,,	,,	,,	,,	,,	•••	•••	•••	$156\frac{2}{3}$,,
Shrops	hire Avenue	(Sur	rface Wat	er Sev	ver)	•••	•••	12	,,
Hope S	Street (Foul	Sewe	er)	•••	•••	•••	• • •	$133\frac{1}{3}$,,
Hall F	arm Housin	g Sit	e (Foul S	Sewer)	•••	•••	•••	2,906	,,
,,	,, ,,	,,	(Surface	Wate	er Sewe	er)	•••	3,426	,,
Kingsw	vay Housing	Site	(Foul Se	wer)	•••	•••	•••	113	,,
,,	,,	,,	(Surface	Water	Sewer	:)	•••	152	,,
	onstructed d	uring	the Yea	r.					
	Road	•••	•••	•••	•••	•••	•••	1	
	n Road	•••	•••	•••	•••	•••	•••	3	
Shropsl	hire Avenue	•••	•••	•••	•••	•••	•••	1	
_	in Street		•••	•••	•••	•••	•••	1	
_	ld Road		•••	•••	•••	•••	•••	1	
-	Street		•••	•••	•••	•••	•••	1	
	on Road	(Lea	Recorde	r) and	d one	Reco	order		
Ch	amber	•••	•••	•••	•••	•••	•••	3	
Sinfin S	School	•••	•••	•••	•••	•••	•••	1	
Hall Fa	arm Housing	g Site	·	•••	•••	•••	•••	87	
Kingsw	ay Housing	Site	•••	•••	•••	•••	•••	18	
0		A	he Veer						
	ned Out dur	_		A+		t 1	710		
	tal length of		ers cleane	ea out	repres	ents 1	,710 y		
Numbe	r of Loads	•••	•••	•••	•••	•••	•••	198	
Manholes C	leaned Out	durin	g the Yea	ır	•••	•••	•••	433	
WATER SU	JPPLY.								
Mr. I	G Edwards	Was	ter Engir	neer re	enorte	as foll	Ows .—		

Mr. I. G. Edwards, Water Engineer, reports as follows:-

The water supplied to the area has been satisfactory in quality, but, owing to the inadequate capacity of certain trunk mains, pressures have been poor in various high points in the area of supply.

Regular examination is made of the raw water and of the water going into supply. As all water is treated, the majority of samples are taken after treatment. A total of 517 Bacteriological, 17 Chemical and 134 pH and Hardness samples were taken, both at the Works and from various points in the area of supply. The results of a Chemical Analysis are attached hereto.

Only that portion of the supply obtained from the Derwent Valley Water Board is liable to plumbo-solvent action. Under the Derwent Valley Water Act, 1899, water supplied by the Board is required to be treated by them for the prevention of such action before the water is delivered to any of the constituent Undertakings.

All water is chlorinated before being passed into supply.

There is no record of the proportion of dwelling houses supplied by means of stand-pipes, but the figure is negligible, and it can be said that substantially the whole of the dwelling houses in the area are supplied with water by the Undertaking.

Example of recent chemical analysis of water supplied to the area.

Total Solid Matter (dried at		C.)			•••	Parts per 100,000* 18.1
Free and Saline Ammonia				•••	•••	_
Albuminoid Ammonia				•••		0.0008
Nitrogen as Nitrites					•••	_
Nitrogen as Nitrates						0.05
Chlorine (present as Chloride	e)					1.75
Oxygen absorbed in four ho					•••	0.03
— Temporary			•••		•••	7.2
Hardness — Permanent				•••	•••	3.7
— Total			•••	•••		10.9
Metals—Iron			•••		•••	0.005
Free Chlorine					•••	

(Signed) R. W. SUTTON,
Borough Analyst.

Supply.

Number of gallons of water supplied to	Derby from
Public Supply	3,178,599,000
Number of gallons per day per head of p	opulation 42.01
Percentage of total quantity from Derwent	Valley Supply 67%

Used during the year.							Gallons.
Sewer flushing	•••		• • •		• • •	•••	407,800
Street watering	•••	•••	•••	• • •	•••	•••	262,000
Steam rolling		• • •	•••	•••	•••		53,380

REFUSE COLLECTION AND DISPOSAL.

Mr. A. Connor, Director of Public Cleansing, reports as follows:-

^{*—}To convert parts per 100,000 to grains per gallon, multiply by 0.7.

Refuse C	ollec	tion.									
Hous	se an	d Trad	le Re	fuse o	collected		•••	•••	•••	37,144	tons.
Nigh	tsoil	•••			• • •	•••	•••	•••		5 2	,,
Trad	le Re	efuse de	elivere	ed by	tradesi	nen	•••	•••	•••	4, 548	,,
						\mathbf{T}^{ϵ}	otal		•••	41,744	tons.
Refuse D	ispos	al.									
Refu	se D	isposal	Worl	ks (pa	art year	only)			14,820	tons.
		~		'-	ton Tip	•	•••			26,924	
						T	otal	•••	•••	41,744	tons.
Extracted	fror	n Refu	se an	d Sole	d.						
Tins		•••		47 0 t	tons.	N	L ilk	Bottles	•••	$\frac{3}{4}$	tons.
Iron				33	,,	G	lass.				
Wast	te Pa	per	•••	418	,•	C	Sinde	ers		387	,,
Text	iles			44	,,	I	Pood	Waste	• • •	1,611	,,
Bone	es	•••	•••	3	"		(Concent	rated)		
Movable	Ashb	ins Pro	vided	 							
Hou	sing	Commi	ttee	•••	•••	•••				60	65
Priv	ate (Owners	•••	•••	•••	•••		•••	•	1,1	33
						T	otal	••	• •••	1,79	98
Num	rber -	of cats,	dogs	s, etc.	, dispos	ed of	f .	•••		3,30	69
Power Ve	hicle	es utilis	ed fo	r Clea	ensing P	urpos	ses.				
					nd Salva						
1.					•••				• •••		18
2.					Vatering						
					•••						2
				-	Emptie			•••			2
		.~						•••	• •••		2
		Street	Wash	ing M	fachine	•••		•••	• •••		1

RATS AND MICE ACT, 1919 AND INFESTATION ORDER, 1943.

Mr. F. C. Bright, Chief Rodent Officer, reports as follows:-

The analysis of the workings of operators comes under four headings, Corporation, Private, Business, Survey and Area Survey.

To deal with Corporation first, which includes, Sewage Disposal Works, Cattle Market, Slaughterhouses, Refuse Destructor, Tips, Schools, Parks, etc., 472 visits were made. Private premises, treatment free, necessitated 990 visits. Business premises, which includes contracts, had 458 visits. Survey and Area Survey took 504 visits, making a grand total of 2,424.

Contracts are now falling out of favour with the Ministry, and are not in future to be encouraged. They only serve a useful purpose where premises are so badly infested that it is cheaper for a business proprietor to receive the benefit of many repeated visits at reduced cost.

The sewers of the town were again treated during two periods and satisfactory results were obtained.

FOOD AND DRUGS.

Meat Inspection.

Under the Livestock (Restrictions on Slaughtering) Order, 1940, all animals are slaughtered at the Corporation Slaughterhouses in the Cattle Market and the Derby Co-operative Society's Abattoir on behalf of the Ministry of Food.

The whole of the slaughtering is carried out under the continuous supervision of qualified meat inspectors, and all carcases and organs are examined in accordance with the general principles laid down by the Ministry of Health in their Memorandum 62/Foods. Close attention is also given to all beef carcases and offals to detect any signs of cysticerous bovis.

All cases of emergency slaughter and animals submitted under the Tuberculosis Order are slaughtered apart from normal slaughtering routine, and do not come into contact with the healthy animals.

Tuberculosis Order, 1938.

Twenty-six cows were slaughtered under this Order. Ten were found to be affected with generalised tuberculosis, and in the other cases the disease was localised.

110

Carcases Inspected and Carcases Condemned during 1949.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	6,708	6,573	12,372	48,140	5,886
Number Inspected	6,708	6,573	12,372	48,140	5,886
All Diseases except Tuberculosis:		ı			
Whole carcases condemned	4	78	610	90	16
Carcases of which some part or organ was condemned	3,4	77	11	1,588	152
Percentage of the number inspected affected with disease other than tuberculosis	26	.8	5.00	3.48	2.85
Tuberculosis only:					
Whole carcases condemned	22	120	2	_	14
Carcases of which some part or organ was condemned	3,219		4	_	336
Percentage of the number inspected affected with tuberculosis	25.	31	0.05	_	5.95

Classification of Diseases other than Tuberculosis in whole carcases and parts of carcases condemned.

Cattle.

				Totally C	ondemned	Part Condemned		
					Cattle excluding Cows	Cows	Cattle excluding Cows	Cows
Oedema and emaciat	ion	•••				54	_	22
Septic Metritis		•••			_	9	_	
Septic Pericarditis		•••			1	1		_
Cachexia and Slimy	Degener	ation			_	10	_	_
Uræmia	•••				1	1	_	_
Pyæmia	•••				—	1		—
Fever, acute					_	1		—
Cystercircus Bovis	•••				1			—
Moribund	•••				1	<u> </u>		_
Difficult Parturition						1	_	1
Fibrositis						_	1	-
Injury and Bruising					_		37	78
Abscess Adhesions	•••						4	11
Bone Taint	•••	• • •	•••	•••	- 6	_	8	7
Totals			•••	•••	4	78	50	119

Sheep.

						Totally Condemned	Part Condemned
Oedema and Ema	aciati	ion	•••			59	36
Septic Metritis	•••	•••				6	_
Septic Peritonitis						1	
Septicæmia				•••		1	
Pyamia			•••			5	
Myeloid Leukæm	ia	• • •	• • •	•••	• • •	1	
Adenomata			•••	•••	• • •	1	-
Difficult Parturiti	ion	• • •		•••	• • •	5	3
10 1-11 0 1 1 1 1	• • •	• • •	•••	•••	• • •	3	_
Moribund		•••	• • •	•••		8	
Injury and Bruis	ing	• • •	•••	•••			30
Abscess Adhesion	8	•••	•••	•••	•••		21
Тот.	ALS		•••	•••	•••	90	90

Pigs.

					Totally Condemned	Part Condemned
Swine Erysipelas	•••	•••	•••	•••	5	_
Septic Pneumonia			•••	• • • •	1	
	•••	• • •	•••		1	-
	•••				1	
Sapræmia	•••	•••	•••	•••	1	-
Wounds, Multiple and	Septic	٠	•••	• • •	2	
Injury and Bruising		• • •				27
Oedema	•••	•••	• • •		3	5
Rheumatism	•••	• • •	•••	•••		1
Abscess Adhesions	•••	• • •	•••			6
Moribund	•••	•••	•••	•••	2	
Totals					16	39

Calves.

					Totally Condemned	Part Condemned
Immaturity		•••	•••		463	_
Emaciation				• • •	80	_
Enteritis		•••	•••	• • •	17	
Moribund	•••	•••	•••	•••	16	
Umbilical Pyæmia	•••	•••	• • •		15	
Oedema		•••			8	
Injury and Bruising					3	4
Melanosis	•••	•••	•••		2	_
Icterus					2	
Pneumonia	•••	•••			1	
Nephritis	•••	•••	• • •		1	
Uræmia		• • •	•••		1	
Malformation	•••	•••	•••	•••	1	1
TOTALS					610	5

Weight of Meat Condemned.

				Tons	cwts.	qrs.	lbs.
Beef		•••	• • •	71	17	3	4
Mutton		•••		2	14	1	20
Pork		•••		2	7		5
Veal				10	12		22
Offal		•••		79	11	3	4
Importe	d Me	at	•••	_	3	3	16
	Тота	AL		167	7		15

The whole of this meat was processed for industrial purposes.

SLAUGHTER OF ANIMALS ACT, 1933.

Particular watchfulness is exercised to see that all animals are handled and slaughtered in a humane manner. Stunning is carried out by the captive bolt pistol or the electrical method.

Licensed Slaughtermen.

New licences granted during 1949	• • •	6
Licences renewed during 1949	•••	46
Licences in operation at end of year	•••	52

PUBLIC HEALTH (MEAT) REGULATIONS, 1924—1948. Transport and Handling of Meat.

It is very pleasing to report that all vehicles of the general purpose type, previously used for conveying meat to retail butchers' shops and to meat. manufacturers' premises, have now been replaced by specially constructed vehicles which have all such features in design, material and equipment as will prevent the risk of meat becoming exposed to contamination in transit. Impervious containers have also been provided for carrying offals.

The provision of these vehicles and containers has certainly gone a longrown way towards effecting an improvement in the cleanly handling and transport of meat, but at the same time it should be said that the educative work of health officers on the importance of personal cleanliness in the handling of food is still very necessary.

GENERAL FOOD INSPECTION.

The wholesale provision stores and the wholesale fish and fruit markets have been regularly inspected throughout the year. The following statement shows the food stuffs condemned as unfit for human consumption.

			Tons	cwts.	grs.	lbs.
Apples			1	17	² 2	
Bacon				_	3	22
Bananas			2	11	1	
Barley			_	4	_	12
Barley, Pearl			1	i		
Beans, Dried			ī	6	_	
Biscuits	•••				1	9
Bread			7	7		3
Butter	•••	•••			1	22
Cereals	•••	•••		_	î	13
Cheese	•••	•••		3	i	13
Cherries	•••			3	ì	13
Confectionery		•••			3	$\frac{1}{22}$
		٠٠٠	_	_	2	
Eggs (Liquid i	_		_	_		
Farinoca Fish	•••	•••	_	7	1	22
	•••	•••	2	7	3	10
Flour	•••	• • •	10		2	27
Fruit, Dried	•••	•••	1	16	3	9
Hares				_	2	24
Milk Powder (Malte	d)		_	2	4
Meat Products	•••	•••	_	1	1	22
Oranges	•••	•••		13	2	6
Oatmeal	•••	•••	3	19		21
Peaches	• • •	•••	—		1	20
Peas, Dried			1	18		_
Plums				5	1	12
Potatoes			1			_
Poultry and G	ame				1	17
Preserves			—		1	1
Rabbits (impor	ted)		—	6	2	4
Rice	•••	•••	9	18		_
Sausage				3		27
Semolina				ì	1	22
Soya Flour				13		
Spaghetti				_	1	9
Tomatoes	•••		1	9	ī	_
Shellfish				18	$\frac{1}{2}$	20
Whalemeat					ī	20
Miscellaneous I				1	i	9
	гостью	•••		•	•	•
Bottled Foods					147	bottles.
Canned Foods	•••		•••		11,317	cans.
Cooking Oil			•••	•••		gallons.
Pickles	•••	•••	•••	•••	8	
I IOMIOS	•••	•••	•••	•••	0	**

The Corporation has a scheme for the sterilization of kitchen waste and all condemned food which is considered suitable for animal feeding is treated for this purpose.

FOOD AND DRUGS ACT, 1938.

Food Preparing Premises.

The number of premises registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food under Section 14 of the Food and Drugs Act, 1938, is as follows:-

Number of premises on Register at end of year	•••	84
Number of premises registered during the year	•••	5
Number of premises closed during the year	•••	Nil

The supervision of food preparing premises, restaurant and cafe kitchens, snack bars, butchers' shops, fried fish shops, has been constantly exercised throughout the year. The inspectors made 914 visits to these premises. Many improvements have been carried out, particularly the provision of adequate washing facilities, and it is also gratifying to say that the general standard of hygiene throughout the food service has been well kept up.

'he	following is a summary of the w	vork	which	has been	done	:
	Hot and cold water provided	• • •	•••	•••	•••	39
	Sinks and lavatory basins provid	led	•••	•••	•••	34
	Water heaters repaired	• • •	•••	•••	•••	2
	Ventilation provided or improved	l	•••	•••	•••	16
	Artificial means of lighting provi	\mathbf{ded}	•••	•••	•••	6
	Premises partially reconstructed	•••	•••	•••	•••	3
	Premises redecorated	•••	•••	•••	•••	161
	Sanitary conveniences provided	•••	•••	•••	•••	3
	Yards repaved	•••	•••	•••	•••	19
	Receptacles for trade refuse prov	rided	•••	•••	•••	20
	Miscellaneous minor repairs	• • •		•••	•••	26

Bakehouses.

 \mathbf{T}

There are 40 bakehouses in the Borough. 171 visits of inspection were made and 29 infringements of a minor character were dealt with. Most of the bakehouses have modern machinery and equipment and throughout a high standard of cleanliness has been maintained.

MILK.

There are four dairies in the Borough properly equipped for receiving,. pasteurising, bottling and retailing of milk.

Between them, approximately 15,000 gallons of milk is pasteurised daily; of this amount it is estimated that about 11,500 gallons is retailed in the Borough and 3,500 gallons just outside the Borough.

One of our problems during the year has been to ensure that different kinds of designated and undesignated milk, handled and processed on the same dairy premises, are kept separate throughout, and in three instances this difficulty arose. The introduction of the new Milk (Special Designation) Regulations, however, afforded little guidance as to what could be considered adequate arrangements for the prevention of one designated milk being contaminated with another. Fortunately, every co-operation was received from the firms concerned, and they readily accepted the conditions laid down by this Department.

In the first instance, where nearly 800 gallons of T.T. milk was to be pasteurised on the same premises as 10,000 gallons and upwards of ordinary milk, the dairy firm in question agreed to install, in a separate part of the dairy, an additional pasteurising plant of the Batch Holder Type for the T.T. milk only, and further, they arranged to make a special collection from the licensed producers' farms of T.T. milk.

In the other two instances, licences were sought to bottle raw T.T. milk on the same premises where non-designated milk was being pasteurised. Here again, undertakings were readily given to keep the T.T. milk separate; in the first instance by constructing an additional section to the existing building, which was to be used solely for the storage and bottling of T.T. milk, and in the second instance by providing completely separate premises for the purpose of handling the T.T. milk.

One new milk pasteurising establishment was registered during the year, and for this purpose the existing building was completely re-constructed so as to comply with the requirements of the Milk and Dairies Regulations, and a pasteurising plant of the Holder Type installed.

Bacteriological Examination of Milk.

The following are the details of the tests which have been carried out during the year.

-	Number of Samples Taken and Results							
Grade of Milk	Phosph at ase		Methylene Blue		B. Coliform			
	Passed	Failed	Passed	Failed	Passed	Failed		
Pasteurised	53		52	1	-	_		
Tuberculin Tested		_	11	3	12	2		
Accredited		_	16	9	16	9		

Tubercle Bacilli Biological Tests.

Thirty-eight samples of milk were submitted to the laboratory during the year for examination for the presence of tubercle bacilli. In two instances the tests were positive. The necessary arrangements were made for all infected milk to be diverted and pasteurised until the Ministry of Agriculture and Fisheries had eliminated the diseased animals and certified the herds involved to be non-tuberculous.

THE MILK AND DAIRIES REGULATIONS, 1949. THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949. THE MILK (SPECIAL DESIGNATION) (PASTEURISED & STERILISED MILK) REGULATIONS, 1949.

The following is a summary of the Registrations and Licences issued under the above Regulations, which came into operation on the 1st October 1949.

Milk and Dairies Regulations, 1949. Number of distributors on register	In the Borough.	Outside the Borough.
Milk (Special Designation) (Raw Milk) Regulations,		20
T.T. Milk—Dealers Licensed	6	
Dealers (Supplementary) Licences		3
Accredited—Dealers (Supplementary) Licences	_	1
Milk (Special Designation) (Pasteurised & Sterilised Milk) Regulations, 1949.		
Pasteurised Milk—Dealers (Pasteurisers)		
Licences	4	
Dealers Licences	63	
Dealers (Supplementary)		
Licences		1
Sterilised Milk—Dealers Licences	13	

ICE CREAM.

Special attention has been given to the manufacture, storage and sale of Ice Gream, and the position in regard to both purity and quality has, on the whole, been satisfactory.

Four hundred and sixty visits of inspection have been made to these premises, and in the administration of the Regulations it is pleasing to say that we have had the full co-operation of the members of the Ice Cream Alliance and that they are most anxious to elevate the standard of hygiene in their trade to the highest degree.

Fifty-eight samples submitted for the Methylene Blue Test were graded as follows:—

Grade	I	•••	•••	• • •	26
Grade	Π	•••	•••	•••	18
Grade	III	•••	•••	•••	5
Grade	IV				9

The fat content of 71 samples examined ranged from 1.6 per cent. to 11.0 per cent., and revealed an average of 6.1 per cent.

Nineteen manufacturers use the hot mix method and ten use the cold mix method.

The number of premises registered for the manufacture, storage and sale of Ice Cream are as follows:—

Number of premises registered for manufacture and sale	
during the year	Nil.
Number of premises registered for sale only during the year	72
Number of registered premises for manufacture and sale	
discontinued during the year	2
Number of registered premises for sale only discontinued	
during the year	Nil.
Number of premises registered for manufacture and sale at	
the end of year	29
Number of premises registered for sale only at end of year	249

REPORT OF THE BOROUGH ANALYST.

The following is a summary of the Report of the Borough Analyst, Mr. R. W. Sutton, B.Sc., F.R.I.C., for the year 1949.

- 1. During the year 1949, 333 samples were submitted under the Food and Drugs Act, 1938, consisting of 116 Formal samples and 217 Informal samples. This represents sampling at the rate of about 2.4 per 1,000 population.
- 2. Of the samples submitted, 26 were classed as adulterated or below standard.
- 3. The various articles are listed in Table 1, and details are given of the number of samples found to be adulterated.

TABLE 1.

	2, 22.00				
Article	Formal	Informal	Total	Adult'd or not up to standard	Per cent. Adultera- ted
Balsam of Aniseed	1		1		90.9
Baking Powder Barlova	1	3	$\frac{3}{1}$	1	33.3
Bicarbonate of Soda	1	2	$\frac{1}{2}$		
Brandy	1	_	1		
Cakes	5	l	5		
Cake & Pudding Mixtures	3	5	8	3	37.5
Cheese, Crustless	_	1	1	1	100.0
Chocolate Flavour Spread Powder	$\frac{1}{2}$,	1		
Chutney	2	1	$\frac{3}{1}$		
Cinnamon, Ground Cloves, Ground		1	l		
Cocoa		$\stackrel{\cdot}{2}$			
Coffee	1	1	$rac{2}{2}$		
Coffee Extract	1		1		
Coffee & Chicory Extract	4	4	8		
Cordials: Ginger	1	,	1		
Raspberry Flavour		$\frac{1}{2}$	1		
Custard Powder		$\frac{3}{1}$	$\frac{3}{1}$		
Epsom Salts Fish Cakes	1	1	ì		
Fish Cakes Fish Paste	- 1	5	5		
Food Colours		3	3		
Flavouring Essences		7	7		
Fruit Drinks: Apple Juice		1	1		
Orange Squash		1	1		
Grapefruit Squash	1	,	1		
Fresh Fruit: Spanish Grapes		$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$	1		
Gravy Powder Gelatine		i l	i		
Gin	$_2$	•	$\frac{1}{2}$		
Glycerine	_	1	1		
Golden Raising Powder		1	1		
Honey		1	1	_	
Ice Cream,	42	29	71	$\frac{2}{1}$	2.8
Jelly	1	19	1 10	1	100.0
Lard Compound	$_2$	19	$\frac{19}{2}$		
Lemonade Crystals Meat Paste		2	$\frac{2}{2}$		
3.011	17	97	114	9	7.9
Mixed Spice		5	5		
Nutmegs, Ground		2	2		
Pepper	2	1	3		
Rum,	$\frac{2}{1}$	1	2		
Saccharin Tablets	1 1	$\begin{bmatrix} 1 \\ 3 \end{bmatrix}$	2 2 4 8 4 2		
Salad Cream,	$\frac{1}{2}$	6	8		
Sauce Sausages: Beef	4	Ť	4	4	100.0
Pork	$\frac{1}{2}$		2		
Fish & Tomato	1			1	100.0
Whale	1		1	1	100.0
Sausage Mcat: Beef	3	1	$\frac{3}{1}$		
Semolina	1	1	1		
Tomato Juice	$\frac{1}{2}$	1	3	2	66.6
Vinegar, Malt Vinegar, Artificial	i		i	Ĩ	100.0
Whiskey	2				
Wines (Alcoholic): Port	$\begin{bmatrix} 2\\2\\2 \end{bmatrix}$		$egin{array}{c} 2 \ 2 \ 2 \end{array}$		
Sherry					
Wines (Non-Alcoholic): Ğinger		1	1		
Tomara	116	217	333	26	7.8
Totals	110				

4. Milk Samples.

(a) Of the 114 samples of milk examined, 9 (7.9 per cent.) are classed as adulterated or below standard. Six (5.3 per cent.) contained added water and three were deficient in fat. Details of the unsatisfactory samples are contained in Table 2.

TABLE 2.

Serial No.	Formal or Informal	Observation s	
683	Formal	5% Fat deficient	One of five samples following Informal Sample No. 643, taken December, 1948.
684	Formal	13% Fat deficient	Follows Informal Sample No. 655 taken December, 1948. "Appeal- to-Cow" samples also fat defi- cient.
754	Informal	3% Fat deficient. 3% deficient non-fatty solids.	Freezing Point test showed the absence of added water.
829	Informal	Contained 1% added water.	
917	Informal	Contained 1% added water	Further sample taken No. 920.
920	Informal	About 2% added water	Repeat of Sample No. 917. Formal samples taken Nos. 934, 935, 936.
934 935 936	Formal Formal Formal		Following Nos. 917 and 920. Vendor cautioned. Further samples to be taken.

- (b) In addition to the above, 14 samples were deficient in non-fatty solids. On application of the Freezing Point test these samples were found to be free from added water.
- (c) The average composition of all milks examined during the year, including "appeal-to-cow" samples, was as follows:—

Non-f	atty solic	ds	•••	•••	8.69	per	cent.
Fat	•••	•••	•••	•••	3.65	per	cent.
Total	solids	• • •	•••	•••	12.34	per	cent.

5. Samples other than Milk.

(a) Table 3 lists 17 samples other than milk which were classed as adulterated.

TABLE 3.

Serial No.	Formal or Informal	Article	Nature of Adulteration	Observations
720	Formal	Beef Sausage	Preservative declared but none found on analysis.	Vendor notified of irregularity.
725	Formal	Fish & Tomato Sausage.	30% deficient in Fish.	
786	Formal	Scone Flour	65% deficient in available Carbon Dioxide.	
772	Formal	Ice Cream	36% Fat deficient.	
792	Formal	Beef Sausage	5% deficient in Meat	Cautioned.
793	Formal	Whale Meat Sausage.	36% deficient in Meat	Proceedings under Sec. 3 of Food & Drugs Act. Case dismissed.
794	Formal	Beef Sausage	10% deficient in Meat	Cautioned.
805	Formal	Ice Cream	4% Fat deficient.	
872	Formal	Beef Sausage	5% deficient in Meat	Suggested further sam-, ples be taken.
887	Formal	Non-brewed Vinegar.	Infected with Vinegar Eels.	Sample taken following: complaint by purchaser. Suggested stock be des- troyed.
893	Informal	Malt Vinegar	Incorrect description	Formal sample taken No. 942.
941	Formal	Gelatabs	Sample did not comply with the Food Standards (Table Jellies) Order.	Representations to Min- istry of Food on the sale of sub-standard articles.
942	Formal	Malt Vinegar	Incorrect description	Manufacturers interviewed. Follows No. 893.
943	Informal	Processed Italian Gruyere Cheese.	Contained excess Sodium Phosphate as emulsifying Salt.	Imported produce. Ministry of Food notified.

Serial No.	Formal or Informal	Article	Nature of Adulteration	Observations .
989	Informal	Cake Flour (Coconut Flavour)	Deficient in Available Carbon Dioxide.	Further investigation, including examination of a Formal sample, showed the deficiency was due to deterioration on storage. Vendor Cautioned.
990	Informal	Sponge Flour Mixture.	Unsatisfactory label	Manufacturers agreed to amend the label.
995	Informal	Baking Powder	Deficient in Available Carbon Dioxide.	Formal sample genuine.

(b) Preservatives.

With the exception of one sample of beef sausage (No. 720 in Table 3) which was sold as containing preservative, although none was found on analysis, all samples complied with the Public Health (Preservatives in Food) Regulations.

(c) Table Jellies.

Under the Food Standards (Table Jellies) Order, certain standards are formulated for Table Jellies, and under the Food Standards (General Provisions) Order it is an offence for a sub-standard article to be sold under a description so similar as to lead a purchaser to believe he is purchasing the standard article.

A sample (No. 941) described as "Gelatabs" did not comply with the Table Jellies Order, since it was deficient in sugar and contained the artificial sweetening agent dulcin. Representations were made to the Ministry of Food and it is understood that the Food Substitutes (Control) Order is under consideration and that the question of the labelling of sub-standard products will receive attention at the same time. It is obviously of small value to formulate a minimum standard of quality and then to allow the preparation and sale of a sub-standard article unless a very clear distinction exists between the two articles.

(d) Processed Cheese.

Processed Cheese is cheese which has been emulsified with emulsifying salts and heat-treated.

A sample (No. 943) of Processed Gruyere Cheese was found to contain crystals of sodium phosphate, one of the salts used in the emulsifying process. From the analysis, I formed the opinion that the proportion of sodium phosphate in this sample was excessive and was the reason for the development of crystals in the cheese.

The cheese was of Italian origin and these findings were reported to the Ministry of Food. Further imports were withheld from the trade pending; a more detailed investigation, and I have since been informed that importation of this particular brand of processed cheese has been discontinued.

(e) Ice Cream.

During the year, the Ministry of Food sent a circular to all Local! Authorities which stated that additional supplies of sugar and fats were being made available to ice-cream manufacturers. To ensure that these supplies were used to the best advantage, manufacturers had been asked to sign an undertaking to manufacture ice cream with a minimum fat content of $2\frac{1}{2}$ per cent.

Seventy-one samples were examined during the year. The percentages of fat in these samples was as follows:—

Percentage Fa	t.			No.	of samples.
Above 8	•••	•••	•••	•••	16
7—7.9	•••	•••	•••	•••	6
66.9	•••		•••	•••	13
55.9	•••	•••	•••	•••	8
4-4.9	•••	•••	•••	•••	14
33.9	•••	•••	•••	•••	9
2.5—2.9	•••	•••	•••	•••	3
Below 2.5	•••		•••	•••	2

(f) Fresh Fruit.—Spanish Grapes.

This sample (No. 940) was submitted for special investigation. The grapes were on sale in December and were rather heavily coated with an greyish-white residue such as might remain after late spraying with insecticide. Particular search was made for arsenic, copper and lead, but these were present only in negligible traces. Further examination afforded evidence that the deposit consisted of a residue, somewhat altered by exposure, from a lime-sulphur spray. The examination included tests for derris and pyrethrum and the newer insecticides such as D.D.T. and Gammexane. These were proved to be absent.

6. Fertilisers and Feeding Stuffs Act.

During the year 1949, 36 samples were taken under the above Act, but few were the subject of adverse report. As in previous years, there were occasions when the analysis disclosed some differences from the composition guaranteed, but where the irregularities, although representing a failure to conform with the requirements of the Act, did not operate to the prejudice of the purchaser.

7. Miscellaneous.

Two samples of Sweets, suspected as a possible cause of illness in children, were examined in detail for irritant poisons but proved to be free from metallic contamination.

A sample of Sweets stated to have a bitter taste was also examined. The sweets were of normal composition, no impurity could be found and no bitter taste could be detected.

Two samples of dust and floor materials were submitted for examination in an investigation into the cause of illness at the City Hospital.

One sample of Motor Fuel was examined for the Derby Borough Police.

Fourteen visits were made to manufacturing premises during the year.

(Signed) R. W. SUTTON,

Borough Analyst.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Carbonate of Lime

Thirty-six samples as follows were submitted for analysis:— Nitro Chalk 2 National Poultry Food... . . . 2 Ammonium Phosphate 1 National Cattle Food ... 3 Complete Fertiliser No. 1... 1 Palm Kernal Meal 1 Meat and Bone Meal 3 Decorticated Ground Nut. Hoof and Horn 1 ... Meal 1 Sulphate of Ammonia 2 National Pig Food 1 . . . Blood Manure 2 Lavers Pellets ... 1 Nitrate of Soda 1 National Baby Chick . . . Muriate of Potash ... 2 Mash 1 ... Superphosphate of Lime ... 1 Cal-O-Lac 1 Sulphate of Potash 2 National Growmore Fertiliser 3 Superphosphate 2 Basic Slag ... 1

1.

Some slight variations of composition of the National Growmore Fertiliser from one particular source were found. Enquiries and investigations were made and the variation of the contents was attributed to improper storage, and inadequate pulverising and mixing of ingredients. The matter was taken up with the manufacturers and plans have been put in hand for the provision of a new storage warehouse and a modern efficient pulverising and mixing plant.

LEGAL PROCEEDINGS TAKEN DURING THE YEAR ENDING 31st DECEMBER, 1949.

Date	Offence	Result
22 /6 /49	Storing Ice Cream for sale on premises not registered for that purpose. Section 14 of the Food and Drugs Act, 1938.	Charge dismissed on payment of costs (four shillings) under the Probation of Offenders Act.
8/7/49	Selling Whalemeat Sausage not of the nature, etc. Section 3 of the Food and Drugs Act, 1938.	Case dismissed.

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